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ORIGINAL PAPERS

EARLY FEMALE SEXUALITY[1]

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This lecture is intended to be the first of a series of exchange lectures between Vienna and London which your Vice-President, Dr. Federn, has proposed for a special purpose. For some years now it has been apparent that many analysts in London do not see eye to eye with their colleagues in Vienna on a number of important topics : among these I might instance the early development of sexuality, especially in the female, the genesis of the super-ego and its relation to the Œdipus complex, the technique of child analysis and the conception of a death instinct. I use the phrase ' many analysts ' without attempting to enumerate these, but it is evident that there is some danger of local views becoming unified to such an extent as to enable people to speak of a Vienna school or London school as if they represented different tendencies of a possibly divergent order. This, I am convinced, is in no wise true. The differences are of just that kind that go with imperfect contact, which in the present case are strongly contributed to by geographical and linguistic factors. The political and economic disturbances of the past few years have not brought London and Vienna nearer to each other. Many English analysts do not read the *Zeitschrift*, and still fewer Vienna analysts read the Journal. And I have not as yet succeeded in making the interchange of translations between the two as free as I could wish. It is true that German work has much freer access to the Journal than English work has to the *Zeitschrift*, but this one-way avenue, far from perfect as it is, is not at all a satisfactory

[1] Read before the Vienna Psycho-Analytical Society, April 24, 1935.

solution. The fact is that new work and ideas in London have not yet, in our opinion, been adequately considered in Vienna.

Dr. Federn has had the happy thought of remedying the present difficulty by arranging a direct personal contact and discussion. In my opinion also this is the most promising way to proceed. In the first place, I have the impression that nowadays far more psychoanalysis is learnt through the spoken than through the written word. The habit of reading has certainly declined among analysts in the past twenty years and correspondingly the habit of writing has taken on a more narcissistic bent. In the second place, this method enables speakers to be chosen who have prominently identified themselves with one or another point of view or method of investigation.

That I should have selected the present theme to discuss with you is natural. Already at the Innsbruck Congress eight years ago I supported a view of female sexual development that did not altogether coincide with the one generally accepted, and at the Wiesbaden Congress three years ago I amplified my conclusions and also extended them to the problems of male development. Put colloquially, my essential point was that there was more femininity in the young girl than analysts generally admit, and that the masculine phase through which she may pass is more complex in its motivation than is commonly thought ; this phase seemed to me a reaction to her dread of femininity as well as something primary. Many women analysts have supported this view. It was Karen Horney who first, in her vigorous fashion, protested that the development of the young girl had been observed too exclusively through male eyes and, although her later views seem to me to be more than questionable, I would pay a tribute to the fresh stimulus she gave to the investigation of these problems. Since then child analysts, particularly Melanie Klein, have been able to get to closer quarters with them and to report direct observations of inestimable value.

Let me now review the themes of chief interest and note separately the points of agreement and of difference. To begin at the beginning. The assumption of inborn bisexuality seems to me a very probable one, in favour of which many biological facts can be quoted. But it is an assumption that is very hard to prove, so I do not think we should take it absolutely for granted and fall back on it whenever we encounter clinical difficulties.

Coming to the beginnings of individual life we shall agree that at least in the first year, and probably later, the mother plays a much

greater part in the child's life than does the father. Of this phase Freud says ' Everything connected with this first mother-attachment has in analysis seemed to me so elusive, lost in a past so dim and shadowy, so hard to resuscitate that it seemed as if it had undergone some specially inexorable repression.' What we evidently need, therefore, is a finer analysis of the girl's earliest period of attachment to the mother, and that, in my opinion, is what the ' early analyses ' of young children are giving us. It is highly probable that the differences of opinion in respect of the later stage of development are mainly, and perhaps altogether, due to different assumptions concerning the earlier stage.

We begin, therefore, with the most difficult point, the crux of all the problems. Is this first stage a concentration on a single object, the mother? And is it a masculine attitude, as clitoritic masturbation would seem to indicate? Roughly speaking, this would appear to be Freud's view. In that case the girl has in her development to change both her sexual attitude and the sex of her love-object, and the well-known difficulties she experiences in her development would be explained by the complexity of these tasks.

In London, on the contrary, as the result especially of the experience of Melanie Klein's early analyses, but also confirmed by our findings in adults, we hold quite a different view of this early stage. We consider that the girl's attitude is already more feminine than masculine, being typically receptive and acquisitive. She is concerned more with the inside of her body than the outside. Her mother she regards not as a man regards a woman, as a creature whose wishes to receive it is a pleasure to fulfil. She regards her rather as a person who has been successful in filling herself with just the things the child wants so badly, pleasant material of both a solid and liquid kind. Her endeavour is to get this out of the mother, and the various obstacles interposed by the delays and numerous other imperfections of feeding stimulate the aggressive components of her desires. The dissatisfaction with the nipple and the wish for a more adequate penis-like object to suck arises early and is repeated at a later period in the familiar clitoris dissatisfaction and penis-envy. The first wish for a kind of penis is thus induced by oral frustration. At this suckling stage we are still concerned with interest in a part-object, much less with father-love. The part-object is still felt to belong to the mother's body. But the father comes into account as the source whence she obtained it by the oral form of coitus which Freud has shewn to be the child's initial

conception of this act ; indeed, in so far as the girl holds as well the converse of this theory, a mammalingus as well as a fellatio theory of coitus, the father is regarded as a rival for the mother's milk. In the second half of the first year, and regularly by the end of it, the personality of the father plays an increasingly important part. True feminine love for him, together with the desire for access to his sexual organ, begins to conflict with his evident relationship to the mother. In the second year we can definitely speak of an Œdipus complex. It differs from the later more familiar form in being more deeply repressed and unconscious ; also the ' combined parent imago ' plays a greater part in it.

The girl's sadistic attitude towards the contents of the mother's body is recorded in innumerable phantasies of cutting, robbing and burning that body. The oral sadism soon extends to urethral and anal sadism, and it would seem that the destructive idea of excrement is even more pronounced with girls than with boys. There are two definite reasons why the girl's task of coping with this sadism, and the anxiety it gives rise to, is a good deal harder than the boy's. In the first place her anxiety essentially relates to the inside of the body and has no external organ on which to concentrate as the boy's has. There is only the clitoris, which is inferior as a source of reassurance in the respects first emphasized by Karen Horney when she contrasted the boy's freedom in seeing, touching and urinating with his external organ. In later years the girl displaces much of her anxiety to the whole exterior of the body, including her clothes, and obtains reassurance from its integrity and general satisfactoriness, but this plays a much smaller part with the young child. In the second place, the boy has another personal lightning-conductor for his sadism and hate, namely his sexual rival, the father. The girl, on the contrary, has as her sexual rival and the object of her sadism the same person, the mother, on whom the infant is completely dependent for both libidinal and all other needs of life. To destroy this object would be fatal, so the sadism, with its accompanying anxiety, is pent up and turned inwards far more than with the boy. In a word, the girl has for two reasons less opportunity to exteriorize her sadism. This explains the remarkable attachment to the mother, and dependence on her, to which Freud has called special attention in a recent paper. We think that these considerations also yield an explanation of what he termed the obscurity and ' inexorable repression ' so characteristic of this stage of development.'

What I have just been relating of the earliest stage, say the first year of life, seems to be very differently conceived of in Vienna and London, and I am convinced that practically all the differences of opinion in respect of later stages of development go back to these fundamental ones. Let me next try to shew how this is so.

Fortunately we all agree about the importance of the oral stage, and that the oral stage is the prototype of the later femininity is also a widely accepted tenet, though perhaps less so. Helene Deutsch in this connection has pointed to the sucking nature of the vaginal function. The question of early vaginal sensibility is admittedly obscure, but several women analysts, the latest being Dr. Payne and Dr. Brierley, have produced, if not absolutely conclusive, at least highly significant evidence of its occurrence together with breast feeding. It is, however, hard to discriminate between it and vulval sensations on the one hand, and on the other hand the general retentive sensations and phantasies relating to the anus, womb and the inside of the body generally. One can at all events hardly sustain any longer the view that the vaginal attitude does not develop before puberty. The impressive facts of adult vaginal anæsthesia or even dyspareunia, with the suggestion of what they are the negative of, seem to me definitely to refute the idea of the vagina being an indifferent or merely undeveloped organ. They prove rather the erotic cathexis of the vagina and the deep fear of this. The obscurity of the organ in childhood I should attribute to three causes: (1) Phantasies relating to it, those concerning the wish for a penis and baby, are the ones most directly in conflict with the rival mother, and for obvious reasons the girl cannot display her hostility against her mother even as much as the boy can against his father. (2) The vagina is the seat of the deepest anxieties, so an extensive displacement outwards takes place, both of its erotogenicity and the accompanying anxieties. It is felt, like the mouth, to be an evil and dangerous organ which must therefore be kept hidden. (3) It has no physical function before menstruation and is relatively inaccessible, facts which prevent it being used as a reality and libidinal reassurance in the way that a penis or even a clitoris can be.

We now come to the clitoris-penis question, and here the sharpest differences of opinion obtain. This is shewn most clearly by considering the connection between the question and the relation to the parents. If for brevity you will allow me purposely to exaggerate the differences of opinion one might say that according to one view the girl hates her mother because she has disappointed her wish that her

clitoris were a penis, whereas according to the other view the reason that the girl wishes that her clitoris were a penis is that she feels hatred for her mother which she cannot express. Similarly according to one view the girl comes to love her father because she is disappointed in her clitoris, whereas according to the other view she wishes to change her clitoris for a penis because of the obstacles in the way of loving her father. You will agree that we have here very decided differences of opinion, even allowing for my over-sharp way of presenting them.

I have elsewhere pointed to the confusion arising from the three senses in which the phrase ' penis-wish ' is used in this connection, and will try to avoid it by defining the sense I mean. At the moment we are talking of the wish that the clitoris were a penis, and I trust that this is unambiguous. We are all familiar with the dissatisfaction and resentment connected with this wish and the part it plays in the girl's psychology. But the fact that so many girls envy boys need not blind us to her feminine attributes, her coquetry, etc., and the important fact of the existence of dolls.

Now the problem here is the motivation of this wish. We agree that a part of it arises from the simple auto-erotic envy most fully described by Karen Horney : the freedom the boy enjoys in seeing and touching and his use of the organ in micturition. According to one view, however, this is the main motive for the wish, whereas for other authors it accounts for only the smaller part. Far more important, in my opinion, are what may be called the secondary motives for the penis-wish. These, in a word, are concerned with the girl child's various endeavours to cope with her sadism directed against the parents, especially the mother. At the risk of repetition I would again mention and lay stress on what we regard as the fundamental expression of this sadism, the wish to tear a way into the mother's body and devour the father's penis she believes to be incorporated there. What Melanie Klein happily terms the ' combined parent concept ' here corresponds approximately to what in Vienna is often called the pre-Œdipal stage, but we would extend the term Œdipus complex to include this stage also. The sadism so characteristic of this stage gives rise to the girl's corresponding anxiety lest the inside of her own body be similarly robbed and destroyed.

Let me now enumerate the ways in which the phantasy of possessing a penis attempts to allay this terrible sadism and its accompanying anxiety. I should start by saying that the value the idea of the penis has for the girl is essentially bound up with its capacity to excrete and

direct the flow of urine. Helene Deutsch and Karen Horney have called special attention to this association between penis-envy and urethral sadism, while Melanie Klein and, lately, Majorie Brierley have dealt extensively with the intimate connection between oral sadism and urethral sadism. According to the ' homeopathic principle ' which I expounded before the Oxford Congress the most successful way of dealing with this repressed urethral sadism would be by finding a way in which it can be expressed in reality and thus provide the reassurance of its not being deadly. This is what the boy can do with his urinary games, thanks to the reassurance afforded by the visibly intact penis.

The girl's idea of the penis is, of course, an ambivalent one. On the one hand, it is good, friendly, nourishing and the fluid emanating from it is equated to milk. On the other hand, it is evil and destructive, its fluid having a corroding power. The use to which the girl puts her imaginary penis in her phantasies is therefore a double one. In so far as it is evil, sadistic and destructive it is a weapon that can be used to attack the mother in the way she fancies her father does, and thus obtain what she wants from her mother's body. In so far as it is good and beneficent it can be used to restore to the mother the penis the girl thinks she has robbed her of ; this is especially so when the girl thinks her father whom she has castrated is impotent to satisfy the mother, an attitude very common in homosexuality. It can also be used to neutralize and thus make good again the bad internalized penis, the one the girl has swallowed and by her sadism turned into a harmful and self-destructive organ inside her own body ; a visible and intact penis would be the best reassurance against the inaccessible internal anxieties. Thirdly it can be used to effect restitution to the castrated father by first identifying herself with him and then developing an intact penis by way of compensation.

Behind the girl's wish that her clitoris were a penis, therefore, is the most complex network of phantasies. The aim of them is partly libidinal, but for the most part defensive—consisting of various disparate attempts to get her sadism under control and to allay the desperate anxiety it has engendered. Freud asks in connection with this phallic phase why there should be any flight from femininity unless it were due to primary natural masculine strivings. In answer I should agree with Melanie Klein's conclusion that the girl's repression of femininity springs more from her hatred and fear of her mother than from her own masculine attitude. It goes hand in hand with an exces-

sive fixation on the mother, one which often seriously hampers the girl's development. There is, in our opinion, such a thing as a primary natural wish for a penis on the girl's part, but this we regard not as a masculine striving in clitoris terms, but the normal feminine desire to incorporate a man's penis inside her body—first of all by an oral route, later by a vaginal one.

This wish seems to us to lead on directly to the wish for a baby, the normal wish to take in a penis and convert it into a child. This again is in contradiction to Freud's view that the girl's wish for the child is mainly compensatory for her disappointment in not having a penis of her own. I could agree with Freud's description if it referred not to what we may call the clitoris-penis of the phallic phase, but to the original orally incorporated penis. I think there is no doubt that the disappointment at not being able to receive this penis (not the clitoris one) is largely compensated for by concentration on babies, usually in the form of dolls. We are familiar with the same phenomenon in the excessive maternalism of some women who, for either internal or external reasons, are deprived of sexual enjoyment. But this is not what Freud means.

I should like to say a word about the girl's attitude towards the father. She transfers to him the guilt and fear she developed towards the mother when sadistically robbing her of the penis. After all it is the father's penis as well as the mother's that she devoured, so he also is injured. There is much more envy and jealousy of the mother than of the father, and much of the latter that we observe clinically is really displaced from the former. But once there is great anxiety about the evil internalized penis, harmful because of the sadistic way by which it was obtained, the homeopathic principle again comes into play. Then the girl, as we so commonly find with homosexuals, is impelled to bite the man's penis off so as to obtain reassurance for the anxiety of the original phantasies. If, on the other hand, the relation to the mother is predominantly a good and affectionate one, that to the father will develop on less sadistic lines and will become satisfactory.

We come now to the passing of the phallic phase and the development of a manifest femininity. Here also we must expect divided opinions, since it is easy to see that the view taken of this stage in development must be profoundly influenced by that of the earlier ones. In the first place, just as I am more sceptical about the existence of the phallic phase as a stage in development, so am I more sceptical than the Viennese seem to be about the idea of its passing. It would

seem to be more accurate to use the expression ' phallic position '[2] to describe the phenomena in question. We are concerned with an emotional attitude[3] rather than a stage in libininal development. This attitude is maintained by certain forces or needs, diminishes whenever these are weaker, but persists just so long as they persist—often throughout life. The ' phallic position ' is not seldom quite as pronounced at the age of six, ten or thirty as at the age of two or three. What Viennese analysts describe as the passing of the phallic phase is rather the period in which they recognize the femininity of the girl which London analysts think they can recognize earlier in its more repressed state. There remains, it is true, the question why the femininity is often less repressed, and therefore more visible, as the girl grows, and this question I propose to deal with next.

You will remember the distinction I drew in my Wiesbaden paper between the proto-phallic and the deutero-phallic phases, the separation between them being marked by the conscious discovery of the sex difference. This discovery often results in envy and imitation, which are the main characteristics of the deutero-phallic phase. One very important observation about which there is general agreement is that the passing of this phase—or rather the plainer evidence of femininity—is apt to be accompanied by unmistakable hostility and resentment against the mother. Freud in his explanation has coupled these two events together not only chronologically but intrinsically. The reasons he gives for the girl's emerging from the phallic phase can be summarized in one word—disappointment. The girl comes to realize that her wish to have a penis of her own is doomed to disappointment, and so she wisely resigns herself to seeking other sources of pleasure that will console her. In doing so she exchanges both her own sex, from male to female, and that of her love-object, from mother to father. The passing of the deutero-phallic phase, therefore, ushers in the Œdipus complex with its rivalry with the mother. This accords with the undoubted observation that the normal Œdipus situation is more visible after the phallic phase has weakened. As Jeanne Lampl-de Groot concisely puts it, the girl has to traverse an inverted Œdipus situation before arriving at the normal one.

In London, on the other hand, we regard the deutero-phallic phase as essentially a defence against the *already existing* Œdipus complex.

[2] Cp. ' Libido position ', and the psychotic ' positions ' in Melanie Klein's Lucerne paper.

[3] Not so much definite ideas.

To us, therefore, the problem of why the defensive phallic phase comes to an end puts itself quite differently, being not altogether unlike the problem of why an infantile phobia ever disappears.

The answer I should give resembles Freud's in so far as both could be given in terms of 'adaptation to reality'. But the way in which the impressions of reality work does not seem to me at all the same as they do to Freud. Fundamentally they strengthen ego development at the expense of phantasy. The phantasy of the penis as a defence is given up because (1) it is recognized as a phantasy and therefore not an adequate protection, (2) there is less anxiety and therefore less need for defence, and (3) other defences are available.

Let me now consider these reasons in order. We know that there are definite limits to the power of hallucinatory wish-fulfilments, at least in the normal person, a fact which Freud has often illustrated by the case of hunger. This is true whether the wish is for the satisfaction of a body need, e.g. a libidinal one, or for a protection against anxiety. In this case the phantasied protection is found not to work well just because it does not give the reassurance of external reality, which is what the girl needs and is what she is beginning to find elsewhere.

In the second place, her anxiety has diminished as her ego has got stronger. She is better able to see her mother as a real and usually affectionate person rather than as the imaginary ogre of her phantasy. She is also no longer so dependent on her mother as she was in the first two or three years of life. She can therefore afford to display more sadism against her and other persons of the environment instead of locking it up and developing internal anxiety. This is the well-recognized stage when the environment finds the growing girl 'difficult' and hard to manage.

Thirdly, the girl is now learning to exteriorize both her libido and her anxiety. She has passed the stage of part-object love and is more interested in her father or brother as a whole. This replaces the early part-object incorporated in the mother. Her anxiety is much less internal and is taking the form of the characteristic dread of desertion, one that often lasts through life.

The young girl is now much bolder in her claims, and dares for the first time to be the open rival of her mother. The resentment she displays against her has not only the meaning Freud attaches to it, of reproach that her clitoris is not a penis, but is also the bursting through of the older animosity long pent up. It is not merely the reproach that her mother gave her only a clitoris, it is the reproach that her mother

had always kept the breast and father's penis in her possession and not allowed the girl to incorporate them into her body to her heart's desire. The sight of a boy's penis is not the sole traumatic event that changes her life ; it is only the last link in a long chain. Nor do I think that if a girl never experienced this trauma she would be masculine, which would seem to follow from the view that this is what drives her into femininity.

I may now sum up my contentions in a few sentences. The main facts to be explained are the young girl's desire for a penis and her resentment against her mother. The central difference between the two points of view, which for present purposes I have exaggeratedly called the London and Vienna ones, seems to me to turn on the question of the early Œdipus complex, ushered in by oral dissatisfaction. Being unable to cope with the anxiety this engenders she more or less temporarily takes flight in the ' phallic phase ' and then later resumes her normal development. This view seems to me more in accord with the ascertainable facts, and also intrinsically more probable, than one which would regard her femininity to be the result of an external experience (viewing a penis). To my mind, on the contrary, her femininity develops progressively from the promptings of an instinctual constitution. In short, I do not see a woman—in the way feminists do —as *un homme manqué*, as a permanently disappointed creature struggling to console herself with secondary substitutes alien to her true nature. The ultimate question is whether a woman is born or made.

Put more generally, I think the Viennese would reproach us with estimating the early phantasy life too highly at the expense of external reality. And we should answer that there is no danger of any analysts neglecting external reality, whereas it is always possible for them to underestimate Freud's doctrine of the importance of psychical reality.

PSYCHO-ANALYSIS OF SPACE

BY

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NEW YORK

Philosophers and psychologists have not given sufficient attention to the fact that there is not only a space outside of the body but also a space which is filled by the body. The image of the body extends in space and already implies space perception. Body space is strictly senseless without an outward space. When we speak about narcissism we should not forget that an outward space and the space of the body are the necessary basis for the unfolding of narcissistic tendencies.

This primitive space is probably less unified than the developed space. The primitive space is centred around the openings of the body and so has several centres. Narcissistic space can be characterized by space experiences in mescal intoxication. I reproduce here a protocol of Beringer and Mayer-Gross.[1]

' The space of one's own is difficult to describe. It is not clear to me any more, and I don't think it was during the experiment. Therefore, I can't describe the perception of space proper but only the details. It was a space of other, i.e. bigger dimensions. The colour phenomena took place in this space. When motion took place and something shot out of the depth, it came out of this universe. In spite of that it did not seem difficult to reach it with my hand. When I tried it then, I realized that the hand lived in the normal space. The space was fundamentally not different from the normal space, it had all dimensions. But the starting-point, the relation to myself, was absent. I could not have said which was below or above, right or left of me. The law of gravity did not exist. There were no definite distances. When I tried to localize a pin-prick or a noise, I moved my hand in the air, wanted to go through my head but realized this was not possible. Then I tried to find the point behind my hand and became aware that my hand existed in another space than myself. " I " was in another space like a point in a universe for which the connotation below and above, right and left, horizontal and vertical, do not exist because they mean all the same. I felt like such a point surrounded by an infinite space in which diverse distances must be present but with no

[1] Bumke : ' Pathologie der Wahrnehmung ', *Handbuch der Geisteskrankheiten*, Vol. I, 1928, p. 489.

starting-point from which to measure the distances. . . . When I was lying with open eyes trying to orient myself in the room, the different objects mixed with each other. Everything was equally near or distant. . . . I had to " spell " the optic picture of the room in order to perceive the differences in the distances of objects. For instance, Dr. X. is sitting here. There is a table between ; behind it (because of being half covered) is Dr. Y. Therefore Dr. Y. is further distant (the distance of the table) than Dr. X. I saw, therefore, the room without depth but with correct perspective, so that I could draw my conclusions, as if the room would have been projected upon a screen.'

Mayer-Gross concludes that the experience of space is fundamentally changed in mescal intoxication, and points also to similar experiences of schizophrenic patients.

It seems that spatial experiences of this kind are only possible when there is no definite possibility or tendency to action, and therefore motives for definite localization and perception of distances are absent. We are accustomed to say that space and time form a union, but from a psychological point of view this is not absolutely true. In marihuana intoxication optic phenomena and disturbances in space perception are observed occasionally. So Case 4 of Bromberg reports [2] that houses and objects were crooked. Generally, time disturbances are in the foreground, and are seemingly the basis for many space perception disturbances. I reproduce the protocol of one of my students who had taken marihuana for experimental purposes.

' The observations I have made on this subject were derived from two experiences with the drug. On each occasion I smoked half a marihuana cigarette, the first time in the company of two male friends and the second time in the company of two females. Besides producing a remarkable state of abstraction, an exaggeration of the ego, euphoria, vivid and colourful visions, an accentuation of sexual impulses and a feeling of unreality about one's own voice and the voices of others, marihuana produces bewildering effects on the perception of space and time.

' During intoxication with cannabis, time seems to pass more slowly than it has ever passed before. You glance at your watch and the second hand creeps at an inexorable snail's pace. It is as if some force were arresting time in its path. You try the following experi-

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[2] ' Marihuana intoxication '. *American Journal of Psychiatry*, Vol. 91, 1934, pp. 303–331.

ment. You note the time and tell your companion (also intoxicated) that later you will ask him to tell you how much time has elapsed. A long time goes by. You ask your friend how much time has passed and he remarks at least half an hour. The watch, however, reveals that only five minutes have passed.

'Space, like time, undergoes a remarkable exaggeration under the influences of cannabis. The effect can best be explained by relating an incident that occurred during the first intoxication. My friends and I after having taken the drug (it was about 10 p.m.) took a walk to a golf course some twenty minutes' distance from my house. By the time we got there the effects were well marked. We set out to walk from one hill to another some 120 yards away. It seemed that we walked endlessly and yet the hill toward which we went was still very distant. It seemed at least a quarter of a mile away. Finally, after what seemed like a very long time, we arrived in the middle of this little valley. Now I experienced a bewildering sensation. No matter how many steps I took, the hill in front came no closer. The hill behind did not recede in the distance. It was as if one were doomed to walk forever in this valley, never approaching one's destination, never getting further away from the place one has left behind.

'The passing of time is eternally slow and distance is enormously enhanced, yet one does not complain. For under the influence of cannabis one walks with ease and grace and without perceptible effort or fatigue.

'Whether the effect on the perception of space is due to a distortion in time perception or *vice versa* it is impossible to say. It is certainly true that time passes slowly under marihuana whether one is in motion or not. Actually, I believe that the perception of each in turn affects the other. We conducted a little experiment that is interesting in this connection. We marked off two lines at a distance of some ten yards apart. Each of us attempted to start at one line and with eyes closed walk to the second and stop as close to it as possible. Invariably we fell short by half a yard to a yard. How this is to be explained I am not sure. Either it is due to the effect in prolonging distance or by enhancing time. One has the feeling that one has walked further than one actually has, and therefore stops short of the mark. Marihuana rather than helping to solve the problem of space and time, renders it more mysterious than ever.'

Additional questioning brought the following answers: 'I had not the feeling that my speech was slow, but that I was walking very

slowly. The distance of objects appeared great only when I was walking. During the second experiment I felt the sofa very hard, especially the back of the sofa felt like concrete. The concrete of the sofa, however, was distinctly separate from my back.'

The fact that the dimensions of space seemed only to be enlarged when the patient was walking make it at least probable that the change in time perception is primary to the change in this particular disturbance of space. This case is also a clear instance of the close connection of the time factor with the motility. It is in this respect interesting that the closing of the eye changes the relation of the action to space. Seemingly the subject emphasizes now the time past and therefore overrates the actual movement in space.

Time, space and movement are therefore closely interwoven, and when we spoke about the primary disturbance in time-perception one should not take the relation of primary and secondary too mechanically. Our subject experienced also ' primary ' changes in space perception. He reports the vision of an auditorium—' light came through the glass ceiling and in spite of knowing that I was in a small room I had the feeling that I was in a tremendous space.' ' I saw a large face—it was very near, it was grinning and had bad teeth.'

Space disturbances in schizophrenics are of a very similar type.

In schizophrenic hallucinations of hearing, distance is very often taken in a symbolic way. The individual lives not in this real world but in a world of unity and identification. The same is true about the schizophrenic hallucinations of touch which have been studied by Bromberg. The schizophrenic lives in a world full of meaning and the world so becomes the expression of his own libidinous situation. Symptoms akin to depersonalization, going merely one step further, are common. The objects then lose their value and seem to be further distant. On the other hand, the borderline between the space of one's own body and the space of the outward world is continually changing. As in obsessional neurosis cases, actions in the outward world immediately influence the body.

I wrote previously (*Image and Appearance of the Human Body*, London, 1935) : ' Magic action is an action which influences the body image irrespective of the actual distance of space.'

F. Fischer has pointed to the changes in the structure of space in schizophrenics (quoted by Binswanger). The normal space recedes in the distance and another space of indefinite qualities appears. These two impressions mix with each other. One of his patients says : ' When

it comes into my mind that I should be like a room myself, everything else is connected with it. It is difficult to describe ; it is quite empty ; it is terrible ; maybe it would be better to die. The emptiness works on me ; there must be something right in it. It has a false power over me.' If one reads the protocols of Fischer's cases it is difficult to decide what the actual experiences of these patients are. It seems as if their expressions would merely symbolize by spatial expressions the inner uncertainty concerning their actions. The schizophrenic with his emotional inability to get to a definite action in the world must also have a difficulty in orienting himself in space. But this orientation is a disorientation in the symbolic qualities of space, whereas the sensory experience of space is not fundamentally changed.

It is therefore correct when Minkofsky states (*La Schizophrenie*, Paris, 1927) that the immediate experience of experiencing oneself now and here is impaired. ' Le schizophrène par contre, sait où il est, mais le moi-ici n'a plus sa tonalité habituelle.' In psychoanalytic terminology we should have to say that the space of the ego is preserved but that the space of the Id has undergone changes. Or, in other words, we live in a double orientation in space. There is the space as a phylogenetic inheritance which is comparatively stabilized, which is the basis of our actions and orientations. It is the space of the perception ego. We live our personal lives in relation to love objects, in our personal conflicts, and this is the space which is less systematized, in which the relations change, in which the emotions pull objects nearer and push them further away. When the emotional life regresses very far the perception ego-space loses more and more of its importance. In this regressive space identifications and projections change the space and its value continually. This is the Id space which finds a very far-going expression in schizophrenic experiences. It is the space of magic.

Schizophrenia is not merely a regression to the narcissistic level. On the way back from objects to narcissism the individual revives primitive levels of psycho-sexual development. He reaches for them at first when striving back to the fully developed objects. The following observation is interesting in this respect.

The thirty-two-year-old Ignatz complains that ' there are 3 persons above and 3 below. Their below is above me. Some are men and some are women. I won't tell that either—they tell me what to do. They gave me the pain.' (How ?) ' The 3 above by their motion. I was on the left. I would put down the train on schedule if he was on

the right. Naturally the stick would hit me on the back of my head, across here and across there.' The patient draws a diagram shewing that the pain goes from the posterior part of the head to its right and left side. (What is the difference between a midget and a child ?) 'The midget has higher heels, longer dresses, shoes. As far as skin is concerned, the flesh is much older, does not expand so much. A midget is sort of a lady.' He feels the effects of Dillinger being shot in his own abdomen, and he feels the pain of being embalmed 'right above the belly button'. 'They speak from below and sometimes from above—from any direction. You can even feel a shot from below. The heat in the body generates and degenerates. Yes, they influence sex parts. The sex parts are cool—you might be in an ice box.' (What do they do with your sex parts ?) 'I don't know whether they do or not. They try to hit me—sometimes in sex parts. I felt severe pain in my left leg before the Roosevelt election. It generates from mind, speech, 3 above and below. Sometimes I feel it in my leg, my hand, my anus, my phallus. I feel the effects of it.' 'Probably I might have his left. Probably they do it when I am asleep. They might have sexual intercourse with me while I am asleep.' (Are you a man or a woman ?) 'Well, she was a man and he was a woman. She wasn't a bad looking woman. I don't know who she was.' (Are you a good-looking woman ?) 'I never looked at myself from below, I don't know.'

From this patient, below is a continuation of the openings of the body. Right and left have sexual significance. Space is sexualized. His interest in direction is sex interest. There is a magic contraction of space and there are identifications.

If the regression does not go so far, the space disturbance centres around the organs of specific erogenous value.

The twenty-eight-year-old Simon M. complains: 'I am in a daze all the time. Worry, that's the most important thing. Sex is lately predominating me more than it ought. Walking down the street I feel a desire for every woman that passes by. If I desire more than one woman at a time, it means that I don't desire any woman at all. When a man speaks it feels at times as if the organ of the man was in my mouth. I don't feel it but I have the sensation of it. I put a pipe, cigarette or straw in my mouth to try to prevent it, but it does not help. . . . I have a subconscious feeling when I see a woman that I am entering that woman. It is a mental state only. When a man talks and his organ flies in my mouth it makes me feel I am a woman.

Why should this happen to me? I am not a homosexual. . . . I thought of suicide a thousand times. Once I had hallucinations; when two people talked my head went in their direction as if the sound of voices drew me towards them. When I urinate I feel I am urinating into somebody else's mouth. People would talk about me. Once they said, ' your balls are on the table '. When I sat down next to a girl in the subway her sex organs flew up to my mouth.' (Did you enjoy it?) ' Not a good food substance.' The patient has indeed the feeling that he has poison in his stomach, although he sometimes says that he thinks he is sick of a gland or a boil.

The distortion in space in this case centres merely around the sex organs, and the case is merely an illustration of the principle discussed previously [3] that the dimensions of space are changed around the erogenous zones. The case is remarkable also in that the genitals of other persons are drawn towards his mouth.

This case is a case of schizophrenia, but obsessional trends are in the foreground. At any rate, we see that the space of the body and the space outside of the body have different relations to each other in such cases.

In obsessional neurosis cases, the same problem comes into the foreground. In one case where the obsessional neurosis followed prostatic pain, bladder and phallus of the patient are felt on the street and crushed by passing cars. A dog takes the penis away. In another case the patient felt that her head was flying away so that she was in danger of stepping on it. Her body is dispersed in space, her arms are flying around and she has to go into a hallway in order to collect her limbs again. ' I am completely in pieces—there is no ground under the feet when you are not on earth.' We do not know why in this case the aggressiveness of the patient destroys the body space in such a far-going way. The tendency to self-punishment was strong. Throughout her whole life she was fighting against the desires of her body. In the case first mentioned, projection was helped by the pain experienced in the genital region.

Another aspect comes into appearance in the case of a thirty-two-year-old woman with severe obsessions and aggressive impulses to kick and hit other people. She feels that she has kicked cars which pass her, so that automobile accidents happen by her foot. She has a particular

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[3] *Image and Appearance of the Human Body*, London, Kegan Paul, 1935.

fear of drugs. She is afraid of spreading drugs and so being responsible for the death of many people. When she passes a drug store, she has the feeling that she has gone into the drug store to mix drugs there and so may have killed people without knowing it. The aggressiveness here transgresses the borderlines of space.

'If I would let myself go I would swing my arms and legs, would run around and talk continuously. I would be terrifically active. When I pass in a bus and look into a gas-hole I feel as if I would put my arms out, reach into the hole and do something which would harm others. Look at the gas-hole—I have the feeling that I have touched it. I sometimes think that I have gone into the bathroom and mixed poisons. When I feel bad I feel that I have lived a million years.'

This is a patient who has from her earliest childhood an enormous urge to action in the outward world. This enormous urge made her a very affectionate child, always craving for caresses, which were never completely satisfied. She felt particularly hemmed in by her mother, against whom she feels manifest hatred. In her early childhood, an episode with her brother plays an important part. The brother had blood poisoning when she was about three years old. She reconstructs a memory that she has scratched and hurt her brother, of whom she was extremely jealous. She has queer experiences of an inner pain, reminding of anxiety which she felt for the first time at the age of 5 or 6, when she had a longing for the world which she wanted to take in completely because it was so beautiful.

The patient does not differentiate between seeing and touching. What she sees becomes immediately an object of activities of an aggressive type. She feels continually that she has kicked somebody or something, so causing death in a direct or indirect way. She is never sure how many people she may have killed in this way. She may have caused the spreading of some kind of poison, and even a little quantity of this poison may have been the cause of somebody's death. The connotation of quantity does not exist for her in this respect. Even the most minute particle of a chemical substance may cause the death of somebody. It is another peculiarity of the thought processes of this patient that the vaguest possibility becomes for her reality. She may have pushed somebody on the street, may have disturbed the driver of an ambulance, who on their part may have touched an electric wire or a gas pipe the disturbance of which may have killed a score of people.

Her aggressiveness makes the space between her and the objects

shrink. All objects come within the immediate reach of her activity. The uncoördinated love drive has become an uncoördinated aggressiveness in the whole field of perception. But the aggressiveness does not transgress the immediate spatial perception, and the optic horizon is the boundary of her aggressiveness.

We come to the general conclusion that in the obsessional neurosis we may find a shrinkage of space. The sexually desired part is brought near to one's own body, but also the object of aggressiveness is brought from the optic space into the space of grasping. Besides this, we may find the reverse type, in which the space of the body and the organ of the body is extended into the outward world and the dismembered parts of the body become a part of the outward optic space where they are subjected to aggression of the outward world.

The disruption of space therefore takes place under the influence of perverse erotic desires and under the influence of aggressiveness. The disruption is generally not a disruption of the total space but only of the space which is in immediate connection with the partial desire or with the aggressiveness. Our material is not sufficient to make a definite decision as to which specific infantile situation is responsible for the diverse disturbances in the space perception.

It is to be expected that the aggressiveness of the depression may lead to similar space phenomena. In one depression case the patient had the feeling that she was flying around and destroying objects in space. When doubt is in the foreground of the depressive case and action in space becomes a matter of doubt, the space itself takes the same ambiguity. One of my patients said: 'I don't know whether this room is one room or several rooms'. Another one of my patients said: 'I groped for the stars, tore them down, but every star was a world'. Or, the patient said: 'You can't go out of this house, there is no other world. Only this house exists'.

Some of these utterances are taken from the patients reported in my study on atypical depressive pictures.[4] I add some more remarks made by these patients.

Case I. 'I do not know where I am. I feel that I am in the space between. That frightens me.'

Case II. 'I am not sure whether this room is one or more.' While in Annapolis, she believed that the second row of the men drilling there was only the reflection of the first row. The same case says:

[4] *Journal of Nervous and Mental Diseases*, 1934, Vol. 80.

' I wonder if I am older than two years and four months ' (she has been in the hospital that long). ' But, what did I do before ? I am not sure I am in D, or whether I was married and had a child or not.' She asked a nurse whether the nurse were not two persons.

Case IV. Complains that the doctors have disappeared in the same way as the girl from the theatre box-office disappeared from her seat.

Case V. Sees things waving and moving. They get large and small. ' Yesterday people got so terribly large when they came through the door.' ' I can't keep track of time. Things are moving which should not move and objects disappear. The chair turns into a kind of animal.'

One sees that the disturbances in space perception go very far, according to the enormous destructiveness of these patients. They may even lead to a sadistic annihilation of space.

Binswanger in many respects goes further. He feels that space experiences should be characterized by the way in which the space is filled, whether it is compact or diluted, whether the objects are nearer or further away for use. He finds differences in these experiences of space in manic cases as well as the depressive cases. In the manic case, everything is nearer at hand. On the other hand, they live in a larger space.[5] He is seemingly inclined to judge the space of depressives in a similar way. In another paper [6] he speaks in a similar sense about ' *Der gestimmte Raum* ' and means by that something similar to E. Strauss' ' *Pathic Space Experience* '. He follows the changes of space experiences through all emotional and æsthetic experiences. He is, of course, aware that one does not deal here with a mere change in space perception, but with the fundamental fact that human existence expresses itself in space, and that it is impossible to separate the ' existencial ' problems of humanity from space perception in this sense. We are not interested in this connection in experiences of this kind, not only because they escape an exact scientific formulation and their discussion is very often merely verbal and formalistic, but also from the point of view that we are chiefly concerned here with the perception, so far as it does not touch too deeply the moral problems of human beings.

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[5] *Ideenflucht*, Zurich, 1933, p. 192.

[6] Ludwig Binswanger : ' Das Raumproblem in der Psychopathologie ', *Zeitschrift für die gesammte Neurologie und Psychiatrie*, 1933, pp. 598–648.

The discussion of an analysis of a neurotic case may be of further help.

Anna H., 16 years old, a well-developed girl of German descent, is the youngest of five siblings who are alive. Two had died. One with epilepsy and the other by an operation of cleft palate. Otherwise the family history is uneventful. She is an intelligent girl with an I.Q. of 115, who is very successful in her High School studies. During her thirteenth year she had an attack in which she got dizzy, shook all over, seemed to get stiff, and could not talk. The spell lasted an hour. In June, 1933, she had a second seizure, which was followed by several others. She is easily upset by noises and cries a great deal. She stays mostly at home, never makes friends, spends the day reading and helping around the house and is often sad and depressed.

The patient came for treatment to the Mental Hygiene Clinic, August 31, 1933, and was treated there until September 22, and was discharged October 21. But the psychotherapy is still continued. She complains not only about the spells. 'I can't bear to be around people. I get frightened when anybody comes close to me. Noises drive me crazy. They make me jumpy. I am afraid of falling things. At times my eyes feel funny and I can't move them. I get strange feelings, my eyes, legs and body get heavy. The people in school laugh at me. I want to die but I make myself stop from suicide because it would worry my mother. At times I feel as if I would like to choke people. At times I think into black depth. I feel that I want to have pain. I like the injections I got in the other hospital. I like to be stuck. I stick my bobby-pin into my hands and arms. It is not sharp enough. I try to choke my neck and see how it feels. My thoughts get mixed up and confused.'

The patient offered herself, indeed, very readily to pin-pricks and other painful stimuli and stated that she enjoyed them. She had the same attitude during her stay in the hospital. She did not move at all, even when strong pain stimuli were applied and did not react even to strong faradic currents. She never withdrew her hand and it was impossible to condition her to pain stimuli. In marked contrast, however, she reacted very strongly to sudden noises, became jumpy whenever an unexpected sound occurred. In the course of the treatment no further experiments in this direction have been made. Pain never provoked any marked changes in the psycho-galvanic reflex, whereas other stimuli and noise provoked approximately normal reactions.

During the first examination she very often clasped her hands as if under a great tension and wanting to suppress some impulse. Very often she moved the upper part of her body rhythmically to and fro. At times when she was in the ward, she shewed this phenomenon in a rather outspoken manner. In the later course of the treatment it subsided. In the ward she used mostly to stand alone leaning against the wall. From time to time outbursts occurred in which she got pale, started to shake, cried, did not talk. Such outbursts lasted up to one hour. However, she did not lose consciousness. It was difficult in the beginning to make her eat. But the alarming symptoms disappeared in the first part of her stay in the hospital, and after the discharge from the hospital she continued her school work successfully. In the ward, the patient always shewed a helpful attitude.

The analysis shewed the following outstanding features: She is deeply attached to her mother. She does not want to leave her. The fear of being left by the mother goes back to her earliest remembrances. She had slept with her mother since her earliest childhood. Only since she feels sick again does she sleep alone. But at the height of her disease she did not feel any love towards her mother any more and was afraid of being touched by her.

She shews a great affection for one of her sisters, E., who is eleven years older than she. The sister has been sick for a long time with rheumatic heart disease. This sister used to tell her fairy stories over and over again. One of her earliest remembrances is that of having 'fairy parties' with her pet sister. There were acorn cups, bread, sugar, and water. A still earlier remembrance is that of being held by someone and being rocked to sleep in a rocking chair while being sung to.

Her hatred against her father is outspoken. There were many family quarrels in which the father became rather violent. She never liked the parents' (?) shouting at each other. When she was six, her father beat her sister with a strap. She ran on to the roof screaming, and he followed. The patient was terribly frightened.

The brothers and sisters also used to fight. Knives and forks were thrown. At six she wanted to stab her father. When she was five, the father used to kill chickens on a chopping-block. She saw or imagined a chicken wriggling after the head was chopped off. She was terribly frightened and ran away. She also used to hear violent quarrels in the family in the next apartment.

The father seems to represent to her the picture of wild and dan-

gerous aggressiveness of which she is afraid. He kills chickens, beats the sister, and makes loud noises. She protests against his violent aggressivity by aggressivity of her own. But there is a masochistic attitude, with very early roots, which drives her to surrender. About her third year she had the following dream: big mattresses were moving towards her on tiny straight pins, threatening to crush her. When she awoke, the door was closed; she called, but the door seemed to be ' far away and deep down '.

Around her seventh year, she dreamed about a saw-wheel coming to chop her up. She was also very much afraid of a straight line moving slowly and continually in front of her eyes. At five, she was feeding chickens grass with a pair of scissors, and ' cut off a piece of her thumb '. The blood spouted. She ran to her mother, crying, ' I fed the chickens a piece of my finger '. At seven, she hurt her nose and bled very much. A little while later she fell while skating and broke her wrist.

She always had animal pets. A white rabbit died when she was four. A dog was run over on a railway line. It was cut open and bloody, and was a horrible sight.

At six, she saw a woman in a coffin in a dark room. The patient started to laugh. When she was six and a half, an older sister died. (The sister had epilepsy, but it is possible her death was a suicide.) The patient saw the coffin.

Her attitude toward pain seems to be closely connected with her early experiences. Pain gives her pleasure. It is the pleasure of masochistic surrender to the father. Everybody who comes near her threatens her similarly as did the father. Loud noises remind her again of the aggressive father. Her obsessional impulse to choke people and herself expresses her repressed sadistic attitude. In her manifest life, there are neither homosexual nor heterosexual contents. There is an early remembrance of her father's putting his hands on her when she was sleeping between her father and mother, and she shuddered away from it.

Her insensibility to pain is partially the attempt to escape heterosexuality. She was completely ignorant in sex matters when she came to the mental hygiene clinic for treatment. The sex information she was given here increased her repulsion against sex. But death wishes and death phantasies were other methods of escape for her. When she imagines herself dead she thinks more about immobility and the cataleptic state with preserved consciousness. Out of the transference

situation to her sister she also escapes into a fairy-story world. She likes fairy tales, and it is characteristic that she mentions ' Sleeping Beauty ' as a fairy tale which appeals to her more than others. She hates any kind of apparel. Does not like shoes. At two or three she pulled her hat off. ' I never liked hats.' She hates it when other girls talk about dresses.

She over-compensates her sadistic attitude by an increased attitude of helpfulness. ' I can't bear even to see flies killed.'

There is a strong desire to be loved, which seems to be frustrated. She is afraid that others may not believe her, and may laugh at her. She thinks that she is extremely ugly (which is not true in reality although she does have impetigo on her face, which is slightly disfiguring). She was too fat as a child, and was laughed at while she was in school. Sometimes she feels that her head is bumpy and her nose disfigured. In one of her later dreams, her attitude toward her own body comes out very clearly.

' People look at me loathingly and hate me for what I am thinking.'

There is another group of phenomena which deserve interest. ' Last night, before falling asleep, I saw a man tumbling and falling in front of my eyes.' At another time, before falling asleep, she saw a chair with shoes piled on it. ' They were putting piles of bread right before my face. The door looked far away. Further away than it should have been.' At another time, before falling asleep, she saw cups and saucers tumbling over in her face. ' I was in the linen room, where I was folding the linen. The shelves and the linen felt piled too high. They kept rising higher. I could not see straight. I had funny feelings. The linen were out of proportion. They grew.'

At another time she complains that she was sitting in class and the teacher looked far away. ' I wondered what would happen if she should die.' ' I felt very big to-day, high up. . . . I always wanted to be tall. . . . My forehead feels low.' At another time, she saw, before falling asleep, an exceptionally tall man falling from a diving-board. As he fell his face grew larger and came nearer to her. In the later course of the treatment she had a funny sensation as if her legs and arms did not belong to her and were separated from her. On another occasion she felt too tall, as if she were towering above everybody. In the beginning she had the following dream : ' I dreamt of water again. It was a flowing river. Somebody was in a motor boat. Somebody had a cold and had to take medicine. There was something about a pumpkin pie.' Her associations are : She loved to watch the

water. It was beautiful. From her early childhood she went with her mother to Coney Island and enjoyed it. She would like to travel to distant countries. She would like to travel alone. She likes to read about sea stories and submarines. She likes motor boats because they rush so much. She likes quick things, but she is sometimes afraid of them.

She felt funny the day before. ' I feel I would go mad if I did not do something. I wanted to smash the dishes. I feel so wild. I felt like going crazy again (?). A crazy person does odd things, may kill people or may have suicidal mania. I often wanted to be buried under water. There are queer shapes and creatures under water. I like penknives, daggers, and swords. I like stories about knights.' She had colds very often. The mother said something about pumpkin pies the night before. As mentioned above, the patient does not like to eat. But in her childhood she was very fond of sweets, and sudden cravings for sweets would often make their appearance. In one of her dreams she dreamt that she was sent home because she ate cakes and meat at night in her sleep. She denies this forcibly. Since her earliest childhood, her mother has had to make her eat.

This dream is mentioned here in order to shew her attitude toward speed. It is very closely related to her sadistic attitudes. She wants to do things very quickly. She likes to walk quickly. She writes extremely quickly and her handwriting is difficult to read. She likes to rush. She dreams very often about walking fast and about trains. The fast movement also takes her away from the present. In one dream she goes up in a dirigible and is in some way out of the space of this world. The slow-moving line in her childhood dream was extremely distasteful to her. In one dream she is in an elevator. The elevator moved very fast and changed into a very fast train.

She wanted to jump out of the window. ' I felt myself doing so.' When she sees someone on the roof, she is afraid that he may fall off.

She dreams very often also about vast expanses. She wanders with her brother to a vast garden. ' I dreamt of babies. They played on a vast expanse of sand. Somebody poured out toys which were out of proportion.' Once while she was reading, the print appeared very small, no matter how near she brought it to her eyes.

One day she felt queer. It was as if the house and she herself were on stilts and crooked and leaning to one side.

One dream is rather characteristic. She was in school, in the English class. She felt the beginning of a nervous attack. She was

breathing fast and her heart palpitated. She waited in the corridor, leaning against the wall. Teachers and nurses passed her. The English teacher returned with a nurse and said that she must be taken home and put to bed. She went to bed. She knew that someone was outside talking and looking through the keyhole. They said, ' She will be asleep soon.' She felt rather dizzy and weak. They entered and she did not feign sleep. They grabbed her and pushed her down. The doctor said, ' Do it quickly before the blood freezes in the brain.' She struggled and lashed out with her legs, but they seemed to be quite loose and had a shorter reach than usual. The doctor sprayed air or liquid into her face and she lost consciousness. The scene changed. She was on the street with someone who was leading her. She was much shorter and her head was hollowed out—just a bare empty shell. The person leading her had his or her hand in the hollow and was urging her in that way. ' I don't know exactly whether it was I or another person, for I seemed to see the figure and yet be it.' She felt happy since she had no real head and could no longer think or worry. It seemed to her that an experiment was done on her in the room and made her this way. Then they passed by a railing where a short, ugly deformed girl was standing with a few other people. She asked for milk. This seemed to be the second stage of the experiment. Soon a fairly tall girl passed them whose head was the shape of an octagonal plate glass. She seemed to be quite pretty. She was carrying what seemed to be a long, fairly narrow bundle. A sign of recognition passed between them. This was the first stage, and the experiment was progressing satisfactorily. The girl seemed to be her pet sister. They said about her, ' Every day, when passing, she can see Bobby (her little son).'

The patient also has changes in the perception of time. It happened very often that occurrences which had just taken place appeared to her to belong far back in the past. ' I remember things—they are further back—it seems as if it had happened in a dream, even things which have happened yesterday seem to be further back.'

I put in the centre of discussion the phenomenon of pleasure derived from painful stimuli. This is in immediate connection with the scenes of violence between the parents, which she had witnessed as a child. There were quarrels in which the father beat the mother. She wants to be hurt by the hated father. She wants to stab him. She felt the pleasure of painful stimuli for the first time when she was stuck by the needle when the physician took her Wassermann test.

She succumbs to the sadistic love-object. This attitude is fully developed at the age of seven. At that time she dreamt that a spinning wheel came close to her in order to chop her up. It was an anxiety dream. There were other anxiety dreams. A mattress is coming on pins to smother her. This nightmare points again to the violent father.

Her hatred is provoked not only by the violence of her father. She slept with her mother and is deeply attached to her and to her older sister who is a substitute for the mother. At the height of the disease she is not able to maintain this homosexual relation. Every relation to others now provokes a deep inner resistance, and she is afraid of being near anybody, and has the obsession to strangle people who are near her. Defending herself against a masochistic subjection, she becomes sadistic. Disappointed in homo- and hetero-sexual relations, she regrets this sadistic attitude, which she tries to over-compensate by a particular kindness and readiness to help.[7]

Out of these conflicts she tries to escape in the peace of death, which means for her a cataleptic state. She is then again in a passive and masochistic position, which she can enjoy without remorse.

Her moral problems are reflected in her attitudes toward space and time. When she awoke from her first anxiety dream, the door seemed to be ' far away and deep down '. After being crushed by the violent father, she reverses the situation. She is not below any more, but higher and further distant from the door through which the helping human being can come in. Other human beings are, at the height of her disease, too near to her. By all these moral conflicts space loses its stability. Things are falling from a cupboard. Laundry is piling too high and there is danger of its falling over. Persons sometimes seem to be too far away. The space widens to vast expansions. She and the house in which she lives appeared to her as if on stilts, crooked and leaning to one side. Her libidinous problems thus find an expression in the changing relations of space. Space relations are primarily determined by her relations to other human beings. Space is an interhuman phenomenon. It reflects her relation to her mother and father.

[7] The father chopping off the heads of the chickens threatens castration. Her remembrance of cutting a part of a finger away with a pair of scissors points again to castration fear and castration wishes. One may interpret her complaint that the chicken devoured a part of her finger as the fear that her penis may be bitten off and devoured. She has also very strong oral tendencies which she denies herself in the beginning of her disease.

It expresses the various phases of her aggressiveness, and her struggle for a deeper relation to homosexual and heterosexual love-objects. When she experiences the vastness of space as such we deal with a secondary phenomenon.

It is difficult to separate the problems of space from the problems of time. The patient likes speed and motion. In her dreams there are fast-running trains and elevators. Momentum which in physics increases the impact and the danger, expresses her aggressive and sadistic tendencies. Fighting against her aggressiveness and doubting every one of her actions, her life has not the fullness of the present, and as soon as the present has passed it seems to recede and it is as if it had happened long ago. She tries to go, indeed, out of the everyday life-world into the timeless world of fairy stories in which beauty substitutes aggressiveness.

Previously it has been shewn that aggressiveness destroys and distorts the image of the body. Our patient experiences merely lengthening and shortening of her body, and especially also distortions of her head. There exists an inner relation between the outward space and the space of one's own body. When the dimensions of the outward space are changed, there is mostly also a change in the dimensions of the body image.

The disruption in space and the annihilation in space in obsessional neurosis and depressions are similar, but in neuroses, the changes in space concern more the specific love object as such. In the case reported in detail, there are some further remarks which shewed that her space disturbance is more directed towards persons as a whole. ' When I felt so horrible to-day, the girls in school were separated from each other. They stood out too clearly from each other.' One of her dreams goes as follows : ' Sister was at home. Two firemen came in, tall as the ceiling, and thin, in order to help her. She looked out of the window ; the railroad stretched far. There was a music band and the sound retreated. They were playing a military march.' One day she felt very small and things were remote. She felt anxiety, she wanted to have a teddy-bear in bed so that she could touch something which was solid and real. In the auditorium in school, the girls looked small and the teacher far away. On a similar occasion she wondered what would happen if the teacher would die. ' At six or seven, I was always afraid that mother would leave me alone. I never wanted to leave her.'

In a case previously published, in which self-observation played the outstanding part, the patient very often got the impression that the

analyst was sitting very far away on a wooden chair. To chair he brings the association of throne and electric chair. He had fever when he was six or seven, and the doctor at that time also seemed far distant. The sadistic attitude concerning the analyst-father plays an important part in this case. Still, differently from the other obsessional neurotic case mentioned above, the change in the dimensions of space is chiefly concerned with a human being in its totality. The sadism in this and in the previous case is more directed to the removal of a person as a total person than to a destruction concerning parts. Therefore, the space difference is a difference merely in the distance towards the total person. The sadistic attitude expresses itself more in the removal of a total personality, and his death.

Both cases have many features of depersonalization. In depersonalization cases [8] objects are very often seen flat. In times of improvement, the vision becomes stereoscopic again. In other cases, the objects seem to be in an enormous distance. In the *déjà vue* the objects appear smaller and further distant. In one of my cases, the room seemed to be sometimes smaller and sometimes larger. In the case of Willbrandt, a case of mind blindness in which the clinical picture corresponded to depersonalization, objects she had seen before now appeared smaller. None of these cases are analyzed, so that we can merely surmise that the uncertainty in the object relations which is the outstanding characteristic in our cases, is responsible for the loss of the third dimension, for the change in size and for the greater distance of the objects.

In cases of hysteria, the changes of the size of the objects and the dimensions of space are outstanding. It is particularly important to study the space perceptions in cases of anxiety. In typical anxiety neurosis cases, the space between the love object and the person is the only real space. If the love object is far away or out of sight then the space becomes immense. In a case of exophthalmic goitre to the patient, who was extremely attached to his mother and who suffered from anxiety states, the space sometimes seemed to be immense. The separation from the love object appears then as a sudden death. Speculation concerning the distance from the mother or from the love object has led in some of my cases to speculation about the relativity of space. Space is for these cases the distance from the love object. In phobias connected with walking, patients dream occasionally that

[8] Bibliography in my book *Selbstbewusstsein Personlichkeitsbewusstsein*, p. 65.

their feet do not touch the ground. This symbolizes the distance of their genitals from the mother. One of my anxiety neurosis cases had a dream that out of the bedroom of his parents two dwarfs are coming, fighting with each other: a symbolization of the genitals of the parents during intercourse. They are in the air, above the ground. In all these cases symbolization of the spatial dimensions of the genitals is common.

The following fragment of a dream analysis comes from a patient with adaptation difficulties and depressions analyzed for a long time. At the time of the dream she has reached the heterosexual level and the transference is strong. The dream is therefore in its structure near to hysteria. It shews that the libidinous structure has also a decided influence on the size of objects.

'I seemed to be crossing a wide street towards a building with steps. As I got up to the top of the steps I was *aware of being beside huge columns*. There seemed to be *more than one row of the columns*. Very distinguished-looking people, elegantly dressed, tall, the men with long brown beards, seemed to me very foreign. I stared at them, as we (I do not know with whom I was) having reached the centre, turned to retrace our steps. Back on the street again, it seemed dusk. We crossed to the centre of the street through heavy traffic. The impression from there was very vivid, of the danger coming not so much from the number as *from the fearful speed of the automobiles*. One with *glaring lights approached* and I ran to get across in front of it though a moment before it had been quite far down the street. When I reached the sidewalk I was in front of two very unpretentious American houses such as were built in the 90's, with wooden porches. My sister came out of the one my brother and sister-in-law lived in, though I felt she lived in the other, probably with me. She was carrying a box the size of a cigar box, only not so long. *My sister-in-law had started into labour. It seemed she was in bed in the box* and my brother was in there too, as in a room. When I looked in the direction opposite from that from which I had been watching the automobiles come, I saw a dirt road which led over a steep hill, like the side of a mountain that had not been cleared of its primitive vegetation. A walk of boards (at right angles to the direction of the walk) crossed the road and went down to the left through a heavily wooded gorge toward the hospital, I felt. I held the box against my left side, elbow out, swung forward on my toes to start to run, felt I could make it easily. As I felt the free movements of running, it came through my

mind that if they knew it was I, not my sister, they would let me know if my sister-in-law began to bleed. I could stop and complete the delivery—I thought of it as " take care of things "—as I am a doctor.'

The associations lead from the huge columns to the Parthenon, and from there to the sexual genital problems of the dreamer. The automobiles with the fearful speed point to the danger which the dreamer would run by sexual satisfaction. The small box symbolizes hermaphroditic tendencies of the dreamer to which also the columns point. At the same time she replaces her mother. I do not intend to go into details of the sexual meanings of this dream, but I want only to point to the fact that the outward dimensions are symbolizations of the sex organs and sex problems of the dreamer and are in immediate connection with the acute transference situation. It is remarkable that also in this dream the problems of speed are closely interwoven with the problems of space. The dreamer says : ' I had been awake an appreciable time before I realized there was anything incongruous about the size of the box and its contents '.

I come to the general conclusion that the size and weight of objects, the distance and dimensions of space, speed, impact and motion, become more or less the immediate expression of the total libidinous situation.

Space perception is a function which is dependent on the libidinous structure of the individual. Id-functions modify it continually. They are dependent on the biological situation. E. R. Jaensch has proved that the function to which he calls attention modifies the perception of depth. It is probable that the oculo-motor apparatus has here special influence. But this apparatus is also in the service of the ego. It is one of the paradoxes which we meet elsewhere also, that the hysteriform mechanism has seemingly a deeper influence on the organic apparatus than the more aggressive mechanisms. The conversion mechanism belongs specifically to hysteria. It is true that narcissistic regression also opens the way to organic changes. These mechanisms are comparatively rare and chiefly influence the autonomic system. One sees, e.g. intestinal symptoms in obsessional neurosis. The influence of the hysteriform mechanism on the body is more universal and in the majority of cases goes further. In the cases discussed in detail conversion mechanisms play a great part. They influence the vestibular apparatus in its peripheral and central parts and also the great apparatus which serves the maintenance of posture and attitudes. Both apparatus are of paramount importance as physiological bases for space perception.

Psychological factors are at work in building up the perception of space. There is at first an undifferentiated relation between an incompletely developed body-image and the outside space. Clearer differentiations take place around the openings of the body. There is a zone of indifference between body and outside world which makes distortions of body-space and outside-space by projection and appersonization possible. These distortions are corrected by a continuous process of testing by action. Aggressiveness may draw objects nearer to the body. Generally space develops around erogenous zones in close connection with the drives of the individual. This space is not unified, and has separate parts. Under the influence of genitality the separate space units are unified. When space distortions take place on the genital level they mean either genitals or persons as units. The final appreciation of space is dependent on our appreciation of personalities. Space is therefore decidedly a social phenomenon. It is worthwhile to compare the space disturbances discussed so far with the space disturbances observed in organic lesions of the brain. Minkowsky has justly emphasized that the general paresis and Korsakoff case are not changed in the subjective core of their experiences. To put it in a paradoxical way, the psyche remains intact in organic brain disease. It merely distorts actual orientation in space. The gnostic apparatus and the apparatus of thinking are in the periphery of the personality. In other words, in paresis and Korsakoff we deal with disturbances in the Ego system. I have come to similar formulation in my *Psychiatry on a Psycho-Analytic Basis*. In space disturbances the same principles come into appearance which we find in psychic life generally. Space is not an independent entity (as Kant has wrongly stated) but is in close relation to instincts, drives, emotions and actions with their tonic and phasic components.

THE GENESIS OF THE FEELING OF UNREALITY [1]

BY

C. P. OBERNDORF

NEW YORK

In a previous presentation the writer advanced the theory that those mental states, such as the feeling that what goes on in the world does not concern one, frozen mind, feeling of stupidity, etc., fall into the general category of depersonalization.[2] Such states are preceded by an erotization of the process of thinking and the erotized thinking follows the pattern of thinking of the parent of the opposite sex to the patient. The identification with the ' thinking ' parent usually occurs after the child has encountered rebuffs which it considers unjust and unjustifiable from the dull parent. Clinical material indicates that this identification occurs at and is essentially a variation of the Œdipal super-ego structure. Subsequently the child appreciates that ' thinking ' is a force which the thinking parent uses to conquer the parent who has repelled the child.

The impetus to interest in thinking is the desire to acquire a weapon of offence and defence against the hated parent. The libido which this parent has rejected and through rejection has set free now invests the thinking process. The thinking parent is apt to be undemonstrative, but the child seeks to gain the latter's favour through emphasis of the quality which he considers the important asset of the parent who has not actively repulsed him.

Where such emphasis on thinking occurs, it enters strongly into the structure of the super-ego, and the development of intellectuality becomes one of the positive super-ego goals. Depending upon the sex of the parent with whom the patient has identified himself, the super-ego assumes a cast definitely feminine or masculine in its significance to the patient. The feeling of unreality occurs when an attempt is made to repress such thinking as incompatible with the thought (and action) considered normal for the sex of the individual. The repression and the resultant loss of the repressed part of the personality give to the patient a feeling that he is not himself—that is, he has become unreal.

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[1] Read before the Thirteenth International Psycho-Analytic Congress, Lucerne, August 26, 1934.

[2] Oberndorf, C. P. : ' Depersonalization in Relation to Erotization of Thought ', this JOURNAL, 1934, Vol. XV, p. 271.

As interest in and libidinization of thinking progresses, the patient withdraws his attention more and more from the detailed activities and repeated disappointments of life in the home or life outside, to throw his energy into spheres of thought removed from current affairs. He has less to fear from the abstract than from subjects dealing with threatening, living things. Thinking protects such an individual, becomes a pleasurable exercise and absorbs libido. As long as the thinking is confined to abstraction, the patient can indulge his thwarted libido without running the risks of action to which thoughts about concrete events might lead him.

Depersonalization is more likely to occur when thought devoted to abstract thinking is erotized. The erotization of thought incidental to thinking about erotic subjects, as in day dreams, is more apt to lead to a withdrawal of the person as a whole from actuality. One of the reasons why the approach to the problem of unreality has been so difficult is that the function of the mind has been impaired by erotization. Nevertheless, it has been necessary to use this crippled organ in solving the problem.

Admittedly, a narcissistic wound to the ego and super-ego is a preliminary trauma in depersonalization, as Nunberg and others have pointed out.[3] The analysis of several (six) cases of various shades of depersonalization tends in the main to support the emphasis of Nunberg on the ' lengthy loss of libidinal satisfaction ', although this is not a specific but a contributory factor. Self-consciousness which is preliminary to the development of unreality results from the withdrawal of interest in a hostile person and its subsequent investment in the personality of the patient. The rôle of the commanding, aggressive look on the part of the parent as initiating the tendency to unreality and depersonalization (Searl) is not borne out by my material. Such traumata in childhood and the ' not loved feeling ' may be discovered in many neuroses and in people who shew no neurotic symptoms.

The sequence of events in a typical case of unreality (depersonalization) is identification at the Œdipus level with the parent of the opposite sex, the emphasis on thinking as a masculine (or in some instances a feminine) trait, the psychic equation of head and phallus, the indulgence in thinking as a pleasurable, sexually stimulating activity and the development of the state of unreality when the patient attempts to adapt himself to the type of thinking (and action) regarded normal for his sex.

[3] Herman Nunberg : *Allgemeine Neurosenlehre*, 1932, p. 112.

Case Report

Only some salient facts in the life of a patient illustrating this thesis will be presented.

The patient, Alberta, suffered acutely when anyone complimented her upon her intelligence. She could never use her mind particularly well. She merely enjoyed using it. Because of her evident pleasure in using her mind she gave other people the impression that she made the most of her mentality, whereas the function of her mind was impaired through the existence of the feeling of unreality. She described the reaction when praised for her intelligence as one of ' guilty pleasure ' which made her wish to cry, a mixed feeling of pride and shame. Subsequently, she would attempt to counteract such praise and negate it by considering it to be a mistake or to minimize it by the consoling reflection that there are many degrees of intelligence —that the intelligence for which she had been complimented was not the type to which she aspired.

The patient is twenty-six years old, married to an architect, aged thirty-six, whom I had previously analyzed. The identical complaint of a feeling of being uncomfortable in the presence of people was the reason for each seeking relief. Because of their social position the couple immediately after marriage received many invitations to affairs but soon found themselves together in isolation.

Alberta is a slight, fair, child-like woman weighing under one hundred pounds, about 5 feet in height. Her voice is soft and musical, her manner ingratiating and appealing. Nothing in her appearance would suggest homosexuality, unless it be a certain simplicity in dress which might easily be regarded as modest refinement. After the first few interviews it developed that the patient suffered from homosexual tendencies, which were partially conscious, although there had never been any actual homosexual experience in the gross physical sense, and also from a feeling of unreality which had begun at the time she first seriously contemplated becoming engaged seven years previously and had continued uninterruptedly since. From the subsequent history it will be evident that the husband's neurosis complemented the wife's, a situation representing a *folie* (*neurosis*) *à deux* which is not rare in certain pathological marital states.

Narcissistic Wound.—The extent of the deprivation of love in childhood is indicated by the fact that the patient never knew until she was a young woman that a mother kissed a child good-night or

that a father might talk with a child in any other way than to command it.

Early Sadistic Tendencies.—As a child from the age of six to eight, the patient used to torture her pets terribly—mostly kittens and rabbits. She would strangle them to a point where they almost expired, allow them to revive and repeat the procedure until they finally died. She preferred rabbits because they ' died easier and squealed pitifully '. Her present idea of heaven is to be God wielding a long whip with nine lashes, each with a knot. She could use it at will on her foes. ' Heaven was the place where I could be a cruel despot.'

Identification with Father.—Alberta is the youngest of four sisters. So sure was her father that the fourth child would be a boy that she was christened with her father's name, Albert, before she was born. Great was the father's chagrin when the name had to be altered to Alberta. The father is a chemical expert of national repute. His recreations were trap shooting, horse riding and photography. In these the patient became expert. Her mother never was important in her life as far as she can remember. She nursed the patient for a few months. The patient was bottle fed thereafter until the age of five. However, her second sister, Mary, eleven years older, played a substitute rôle in a minor way as mother and very actively as father. Mary, in the patient's estimation, had many masculine traits, such as ability to dominate other people, intense interest in scientific subjects, great talent for finance. Mary drove a car well and specialized in intellectual pursuits.

Erotization of Thought (*the Head equates Phallus*).—Alberta was always a bright scholar and a leader, president of her class in a mixed school. She does not think that the importance of developing her mind to compensate for being a woman began until she was fifteen. At that time when she first attended parties, the necessity arose to assume femininity. Upon returning home she would spend several hours working on mathematics or physics as a pleasurable indulgence to compensate for the hardship she had endured in her feminine rôle at the party. She became more and more engrossed in abstract thinking. It was an ' active, thrilling pleasure ' for her to follow a speaker discussing theories in philosophy or science of any kind. She believed that only men were capable of discussing theory and that 90 per cent. of women limited their conversation to personalities and occurrences in their lives. This capacity for following scientific,

abstract discussion gave her a feeling of superiority, as being above the rank of women, for she ' felt herself a man, following and discussing theory with a man '—in other words, defended herself against castration anxiety through libidinization of thought.

Although the patient had had active infatuations for girls from the age of seven and wished to overpower girls sexually from the age of fifteen, she was able to diminish the gravity of her desires and the accompanying guilt with the extenuating thought that these tendencies were merely wishes. At eighteen, when she attended a co-educational college for a year, she lived the life of a male student with another girl. They wrestled and smoked together, rode on horseback in rough weather, ' treated the boys ', and were completely ' emancipated from feminine security '. Even then the homosexual nature of this relationship was not conscious to either the patient or her friend. After her marriage, during pregnancy, she fell actively in love with a tall, masculine-looking girl whom she had strong impulses to rape. This brought her homosexuality undeniably to the surface, but again she rationalized it on the ground that she had matured late and the homosexuality could be considered merely a protracted crush.

At about sixteen, during a discussion of a scientific nature she noticed that her body became jerky and tense. She perspired but was cold. She was stimulated all over the body but did not necessarily work up to a climax. She felt that her mind expanded so that it would become as big and powerful as a man's mind. In this way she felt that her mind made up for the lack of a penis and essentially the feeling of expansion and warmth in her mind was equated with an erection. Thereafter during discussions involving thought she consistently became lively and talkative and stimulated. Then she was eager for intercourse in which she would assume an extremely violent, aggressive, masculine rôle with her husband who remained passive. The submissiveness of the husband, his interest in household affairs, his lack of sexual initiative were all the more striking because physically the gentle Alberta's husband is a tall, moderately athletic man.

Development of Unreality.—At about the age of five and coincidentally with weaning, the home became unreal and school and the world outside real to her. As will be seen later from a substitute activity (attachment to a pillow called ' pilpil '), this deprivation may well have been the origin of castration anxiety. Her mind is relatively blank for all occurrences at home up to the age of twelve. Her memories of school are exceedingly vivid. There she could act out

the rôle of the male which at home it was necessary for her to suppress because of the presence of a superior male—her father—with whom she had identified herself but with whom competition was out of the question.

The patient thinks that ' pretending ' as a pastime was and is not only pleasant, but since the age of twelve has been absolutely vital to her. She could recast herself in any character which she wished, but chose ones in which other people would have great respect for her prowess. From the age of twelve there existed a period during which she did a tremendous amount of day dreaming in which her favourite rôle was that of a young soldier, a special protégée of General Pershing, who performed prodigious deeds of bravery. Not alone did she imagine these things but would act them out. The intensity of her pretending when she was alone led to a lack of the usual amount of interest in tasks which had to be performed in actual life.

Searl states that such persons often tend to hold on to reality through interest in stationary and non-aggressive objects.[4] It is my impression that where inanimate objects are invested with reality and animation it is because the animate world has so deeply disappointed the child in the love it desires. The nature of the object which is personalized often throws light upon the origin of the difficulties which produced the defensive mechanism of depersonalization. Such objects represent symbolically the lost animate objects—namely, the feared (desired) person or some portion of that person.

As a variation of ' pretending ' the patient's devotion to her small pillow, ' pilpil ', is notable in view of the emphasis which Searl has placed upon the rôle which inanimate objects play in the cases of depersonalization. ' Pilpil ' has been her most intimate friend and inseparable bed companion from early childhood to the present. She has always thought of ' it ' as ' he ' and used masculine pronouns in writing about it to the author. She thinks that perhaps ' he ' was given to her the night she cried herself to sleep when she was weaned, after great remonstrance, from her bottle at the age of five.[5] Perhaps she started to use ' him ' then, for she seems to remember ' him ' always after that.

Her care to speak to others of ' pilpil ' as ' it ' was designed to guard

[4] M. N. Searl: ' Depersonalization ', this JOURNAL, 1932, Vol. XIII, p. 345.

[5] This would corroborate Searl's contention that the bottle—inanimate object—plays an important rôle in depersonalization.

the true nature of its sex from her environment and to conceal the intimacy, of which she was ashamed, which existed between herself and ' pilpil.' She has never been separated from him at night. During the time of her labour in the hospital she held him most of the time, covering her face with him so that no one could see the grimaces she made. She would talk to him, pray to him, work out problems with him. No one, not even her husband, is allowed to touch him. When girls who entered her bedroom tried to tease her or take him away she turned viciously angry and fought ' tooth and nail '. To the patient he smells delicious, being scented with her own personal odour. This is both stimulating and comforting, as with these odours and the warmth he has acquired from her body, he simulates very well another living personality, especially in the dark.

He and Alberta had a very real relationship, and Alberta was always real with him, although with real people at home she suffered from a feeling of unreality. She was no more real than he, but both he and Alberta had reality and a home life together. When ' pilpil ' is with her he contributes a feeling of calmness and peace, so that it makes no difference to the patient whether she sleeps or not. Indeed, sometimes she wishes that she were not a good sleeper so that she could be awake in the company of ' pilpil ' for a longer time.

An instance occurred while the patient was under analysis which throws some light upon the services which ' pilpil ' rendered the patient. Her husband had desired intercourse, to which the patient demurred. Later, when he became more persistent the patient put one arm around her husband, the other around ' pilpil '. With ' pilpil ' at her side she felt herself able to yield to her husband as a woman. ' He ' (' pilpil ') gave her a sense of security, but even so, after intercourse had been completed, she wept bitterly as though part of her masculinity had been sacrificed. She felt great relief when her husband returned to his own bed (which the patient calls ' his home ') and she remained alone with her ' pilpil '.

From many instances it became evident that while 'pilpil ' retrieved the phantasied, castrated phallus, he represented more than a physical penis. He was a person to whom the patient could go with all her troubles during childhood for consolation. Although she was careful always to call ' pilpil ' ' it ', he was her parent, and as a masculine parent, must have been her father. However, the consoling character of ' pilpil ' the patient regarded as motherly. ' Pilpil ' then becomes a mothering male, in all probability the combination of the mother's

breast (the bottle which she enjoyed until five years) which later merged into the father's penis. Preponderantly ' pilpil ' is the father's penis which Alberta has taken and adopted for herself. In so doing she has acquired a father for her ideal. When this explanation was given to the patient she remarked ruefully, ' Now you are spoiling my nice " pilpil " ', and on another occasion, ' What could be nicer than going to bed with your father's penis and your mother's breast ? '.

Although she was real with ' pilpil ' at home and the world outside also was real, the feeling of unreality began as a circumscribed symptom when she first thought of becoming engaged at nineteen. She had been attending a college away from home where a fellow-student, described by her as a weakling and a stammerer, whom she called her ' first-born ' (child = penis), proposed to her. At college, with the patient in the masculine rôle, the courtship appeared real. When he visited her home, where she attempted to become feminine in the presence of her family, the affair assumed unreality. The family judged the engagement in terms of Alberta's being the woman. Her own feelings of unreality now developed in the face of the prospect of adult heterosexual responsibilities. The family broke this engagement as inappropriate, but six months later she became engaged to the man she later married. Following this, the feeling of unreality became permanent.

During this state of unreality her ' body went through the movements of becoming engaged but she was just not along '. At this time she underwent an operation for inguinal hernia, and although she experienced severe pain and vomiting, it was only her body which suffered—not her mind. The same phenomena occurred three years later during childbirth. Her body—not she—gave birth to the child. She herself did not believe it was actually happening. The child meant nothing to her, but she over-compensated the aversion by insisting on taking exclusive care of it. So, continuously after marriage, Alberta felt that she was not a person—she was an individual who could do duties but who was not a responding person.

The patient was married in May, started to take work in the summer school of a local university in July. She says that the summer was spent alternating in indulgences in science at the university during the day and sexuality at home at night. Her life at the university was real and male. Sexuality at home was a continuation of learning, experimentation, essentially masculine, in which she was unreal because the male elements were lacking. She was far more real at

college than at home. The newly-wed continued her studies for two years, both summer and winter, specializing in physics, chemistry, plant physiology, etc. This enabled her to enter the graduate school, where she found that the work would require so much of her time that none would be left for household duties. When she ceased scientific studies the unreality became more intense—to such a degree that at present she has an almost complete amnesia for the year which followed. Because of this amnesia she is unable to recall whether the 'pretending' occupied most of the time now left at her disposal through the discontinuation of scientific investigations. But she has the impression that she 'had nothing else to do' and knows that 'the feminine fantasy of gestation and labour occupied much of her time', replacing her former fancies of masculine heroism.

She did not consider her increased interest in science immediately after marriage at all unusual although she was the only woman in the class—so conspicuously so that one day when she forgot her wedding ring in the laboratory the janitor had no doubt as to its ownership. The significance of her devotion to abstract thinking during this period did not impress her as exceptional until the analytic procedure began. It seemed quite natural to her to be alone among the men because during that time she was unconsciously masculine.

The state of unreality existed apart from the 'pretending' activities, which did not cease after marriage but which became more difficult to satisfy because she had to contrive reasons for being alone in her bedroom. Now in the 'pretending' she no longer continued the rôle of soldier but became a woman suffering from a serious illness (usually a miscarriage or tuberculosis) from which she could not recover because she felt that she had some great trouble on her mind. She had never been able to define the nature of this mental trouble, merely knew of its presence—just as she never knew what motives had made her attempt suicide by hanging (castration) at fourteen and kept the desire for this form of suicide constantly in her mind.

For about four years after marriage she endured this hopeless unreal living, each day thinking that through some miracle it would vanish. Then she felt that the end result must be suicide or insanity. The insanity would have assumed the form of a violent outburst of aggression (manic attack). She could not believe in herself as a married person although she was not numb. She did not take the incidentals of life as important, because not being a person she could not influence them nor could outside events affect her. For many years she had felt

that real death would have been better than the feeling of unreality, for death at least is definite.

The patient was partially restored to her feminine rôle as a real personality through bringing to consciousness the influence of her unconscious homosexuality. As the change in personality became more manifest, her increasing femininity became more and more irritating to her husband, who insisted that she cease treatment.[6]

In closing I would present the following interpretations specific to this case study:

1. The embarrassment and confusion (guilty pleasure) of the patient when complimented on her mentality is due to the fact that mental function represents to her masculinity, against the revelation of which she seeks to protect herself.

2. The state of unreality results from the repression of the alien portion of an erotized super-ego in conflict with the ego, and the loss leaves the personality with a feeling of unrealness.

3. Unreality economically represents a compromise or partial suicide, a half-death of the ego and a sequestration or partial annihilation of the libido.

In addition the following general observations are pertinent and suggested by this and other case studies of similar conditions:

1. Although I speak from the investigation of highly selected material, it seems certain that the feeling of unreality in neuroses is far more prevalent and influential in keeping neuroses alive than is ordinarily credited. Unreality prevents the acceptance by what remains of the patient's integrated personality (ego and super-ego) of interpretations offered by the analyst. A close relationship exists between unreality, the feeling of stupidity and the deepest forms of thought block. Nothing the analyst says 'sinks in', his words and thoughts are to the patient like 'rain on a tin roof'. The only hope of penetration of the elusive wall of unreality is analysis of each available symptom in an attempt to deflect libido (physical) from thinking into emotional response.

In the case just recorded, the patient soon identified the analyst with her father. It will be remembered that the patient had been unreal at home and home represented to her very largely a place where her father dominated. The analytic situation immediately took on a

[6] Since writing this a crisis in the life of the patient impelled the husband to permit her return for treatment.

quality of unreality which effectually impaired contact. Analysis became a most satisfactory and soothing masculine relation because of the intellectual elements in the process. The ' thinking ' in analysis associated it with that type of energy expenditure through which the patient avoided reality.

Parenthetically, the reclining posture in analytic procedure represents a passivity (lying down—being dead) and withdrawal from reality. In patients suffering from symptoms in the depersonalization category the recumbent position sustains and nurtures the trend to unreality for which the patient seeks relief.

2. Embarrassment in society, the original complaint of both Alberta and her husband, is due to a conflict as to which portion of the super-ego, masculine or feminine, should direct the actions of the ego in social situations.

3. Reik [7] questions whether depersonalization should be regarded as a special disease rather than a cultural phenomenon. Such cultural influence applies not only to depersonalization but to neuroses in general. It is apparent to every clinician that neurotic disorders in which compulsion plays an essential rôle have to a very large extent supplanted the gross hysterical conversion states of the past century. The increase in neurosis in general may well be associated with the necessity on the part of the man to-day to repress his unconscious sadistic impulses which probably have not diminished appreciably over the course of time and are more apt to take the form of thinking than of doing. That form of expression of conflict is increasing that of the psychoneurosis. This change may well be due to greater libidinization of thinking and a consequent expression of conflict in terms of the function of the libidinized organ.

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[7] Theodor Reik: *Wie Man Psychologe Wird*, 1927, p. 99.

REASSURANCE AS A MEANS OF ANALYTIC TECHNIQUE

BY

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LONDON

Probably all analysts agree that it is not possible entirely to exclude all factors of reassurance. Moreover, some analysts will make use of reassurance in a dangerous crisis, e.g. attempts at suicide. But many analysts maintain that reassurance should generally be reduced to a minimum and used as a means of technique only in the rarest cases of emergency. They might object that reassurance is a poor substitute for interpretation, and is a non-analytic procedure: soothes the anxiety instead of resolving it; furthers the repression, and is a means of suggestion; that it affords too much libidinal satisfaction, whereas the analysis should be conducted under frustration; further, that it is the analyst's own anxiety which makes him unable to stand the anxiety of the patient, and drives him to give reassurance. I want to deal with these arguments after we have discussed the problem of reassurance in its various aspects.

Reassurance may be regarded as a method of dosing anxiety, as a way of expressing the human attitude of the analyst, as a means of emphasizing the reality aspects in the analytic situation and showing the analyst's understanding of the reality situation. In practice, however, these various aspects cannot be sharply distinguished.

Reassurance should in the first place be a help to the ego. If the patient is unable to deal with his anxiety owing to lack of satisfactory defences, the analyst should temporarily lend them to him. Reassurance as a method of dosing anxiety is specially important with patients who suffer from intense anxiety from the beginning, or whose anxiety has been unduly stimulated, either through external events or through the analysis, and who are lacking in good defence mechanisms, with psychotic, borderline, asocial or character cases, some cases of hysteria, and a certain type of patient whose deep and intense anxiety had previously to the analysis been overcome by a good reality adaption and who now, when their successful defences are upset, are unable to stand their anxiety. The allaying of anxiety should prevent dangerous acting out in reality, attempts at suicide, aggravation in psychotic or borderline cases leading to the outbreak of an open psychosis, acute anxiety attacks, breaking off the analysis, troublesome acting out in the analysis, such as aggressive acts on the part of children and asocial

patients, etc. Except in special circumstances, reassurance is less needed with neurotic patients.

It is true reassurance can be avoided if the anxiety is resolved by interpretation, but it sometimes happens that one is unable to give all the necessary interpretation in one session, or perhaps the patient does not react at once to the interpretation given. One must also allow for the possibility that the analyst does not see all the important factors at once. The value of reassurance in analysis is similar to that of narcosis in surgery : it makes the operation less painful to the patient, and allows easier working for the physician. Often the patient is able to talk, to accept interpretations and allow his anxiety to become conscious only if the analyst reassures his anxiety in some way or other.

I borrow the following case from Mr. Walter Schmideberg. A patient with severe hysteria came for treatment not on her own accord but following the wishes of her friend. She started with a strong resistance, and had great difficulties in talking. About every second day she did not speak at all. In one session she kept silent again and complained about severe headache. The analyst gave her some tablets for her headache and advised her to remain silent. Her immediate reaction was that she started to talk without difficulty, and since that time the analysis proceeded more easily.

What is the relation between interpretation and reassurance ? I believe that under unfavourable conditions even correct interpretations will have only unfavourable effects. A very inhibited boy was told by his mother that he avoided work in order to make her upset. This correct interpretation only increased his resistance, anxiety and inhibition. Only after he had reassured himself over and over again in the transference situation that I did not mind his ' not working ' attitude in the analysis was I able to analyse this important factor in his inhibition. The interpretation of hostility and resistance will have a curative effect only if the patient feels sure that it is not meant as a reproach on the part of the analyst. At the height of anxiety and distrust the patient is unable to take in the interpretation, because he cannot accept it from a bad parent. Thus at times only the *reassurance makes it possible* for the patient *to accept the interpretation.* A purely hostile attitude to the analyst would not allow him to bring out his conflicts. He can express his anxiety of the analyst only if he has also some sort of trust in him. Often it is the first sign of trust that he admits his distrust. The expression of hatred and anxiety will

have a curative effect only if there is some sort of love feeling as well. It is an everyday experience that talking about the same thing will have a very different effect according to the person one speaks to and the emotional relationship to this person.

The reassurance has dynamic effect in so far as it helps anxiety to become conscious. Miss Sharpe quoted a patient, who after she had offered him a cigarette in a special situation, suddenly believed that he had been afraid of her—interpretations which before he had never accepted. A schizophrenic patient of mine was afraid that I, like everybody else, would try to make her social. I took some trouble to explain to her that in my view the aim of the treatment was not to make her 'social', but happier. Next day she told me about her anxiety about being pressed into a corset. Being made 'social' meant unconsciously being pressed into a corset; after I had reassured her about this anxiety she could bring out the deeper one. Another patient had a depression which I could trace back to some transference difficulty but not remove. At the end of the session I told him that I would be able to give him the time he wanted. Next day his depression had gone and he had a dream which openly showed his dread of women, and his anxiety about masturbation, both anxieties he had hitherto denied. The fact that I was willing to change his time reassured him about my attitude—doubts about which had caused his depression. As he felt safer in his relation to me his anxiety of women became conscious. This example shows that it is largely due to the normal friendly attitude of the analyst that anxiety becomes conscious, even if it cannot always be related to a special situation.

In a Short Communication I pointed out that an important factor, in the therapeutic working of the analysis, is the non-revenging and understanding attitude of the analyst, which breaks through the vicious circle of projection, and quoted the case of a schizophrenic patient who wanted to kill me. He was deeply impressed when I assured him that I would carry on with the treatment, in spite of his intentions, and said, 'Then I ought to love you'. From this moment his persecutory ideas ceased, and he developed a normal emotional relationship to me. The non-revenging attitude of the analyst, however, will only have a deeper effect if the patient feels that the analyst is not just an automaton unable to hit back. I believe that the attitude of the analyst is more important than his behaviour, and that the patient is—consciously or unconsciously—very well aware of it. In my view, the analyst's own attitude, mainly in regard to the

following points, is an essential precondition for the working of interpretation : How far is the patient a real person to the analyst, of whom he is not frightened and to whom he has a fundamentally good attitude ; how far is the analyst not afraid of the unconscious phantasies, and how far does he believe analysis to be something curative and not something harmful. The latter depends largely on a favourable identification of the analyst with his own analyst.

I think that the analytic situation is different from any other situation. It is at the same time more intimate and more reserved than an average friendly relationship. My reassurance will be effective only if the patient feels it is not merely mechanically done, but is spontaneous and springs from personal interest in him. I believe therefore that with most patients, a deep analysis can only be carried out if he is sure that the analyst treats him not merely for the fees, and would not stop if he could not afford them any longer. I omitted for many months to give my account to a patient who actually would have been able to pay, but had little money and great worries over money. It is bad if the patient has only the bare living and must sacrifice all small luxuries (dresses, entertainment, etc.) in order to afford the fees for the treatment. It is often important to ease this situation, and such an action on the part of the analyst sometimes enables the patient to earn more in the long run.

How far should the analyst emphasize the fact that he is a real person, and not only the projection of the patient's phantasies and emotions ? In the transference situation the patient lives through the infantile conflicts which in childhood had to be repressed because they were unbearable. He can stand them now in the analysis, because the analyst as a real friendly person is a help against the phantastic anxieties and because through the fact that it is ' only analysis ' the emotions are felt to be less real and cause less anxiety and guilt reactions.[1] The more the analyst is regarded as a real person, the stronger the love and hate emotions and the guilt and anxiety reactions

[1] I discussed once with a patient some scientific questions and took a more lively interest in certain work he was doing. He reacted with an exhibitionistic dream which he had great difficulties in telling me. It was interesting to note that although he had often had dreams of this type before, he had never had much difficulty in talking about them. As a result of my taking a real interest in his sublimated exhibitionistic activities (his work), his primitive exhibitionistic tendencies became more highly charged.

will become. Thus the weak solution of the transference emotions and reactions can be intensified through the reality behaviour of the analyst. On the other hand, the more the patient feels that the analyst is a real and helpful person, the more easily he can stand his anxiety. In the case of a deeper emotional relationship to the analyst, the expression of a certain impulse (e.g. aggression), also in a smaller dose, will have a curative effect. It is not the expression of aggression, but of ambivalence, the clash between the hate and love impulses, which is important in the analysis. Often the patient feels that the analyst is dead, unreal, and he himself is dead, feelingless, dumb and numb. He then gets into violent states in order to prove that he feels and lives and that the analyst is alive if he can be upset by these violent emotions. Sometimes such painful states and exaggerated emotions can be avoided or mitigated if the patient realizes that the analyst is human.

I was impressed to find how much even patients with an apparently normal object and reality relationship suffer from feelings of unreality, how much they themselves, their emotions and conflicts, as well as other persons, appear to them unreal. Often apparently strong emotions and an emphasizing of the reality aim at covering up this unreality and shallowness of feeling. If the analyst remains 'the shadow on the wall' it seems easy for such patients to avoid really strong feelings and conflicts. With such patients one gets sometimes quite surprising reactions if a small thing makes the analyst more real to them, e.g. with one patient when I told her my age, answering a question of hers.

Often 'analysing the reality' gives the patient the feeling that the analyst conceives all reality only as phantasy. It seems important, besides interpreting the infantile phantasy elements linked up with reality-situations, to emphasize the reality value of certain experiences or observations as well, e.g. the justification of certain reproaches. This is specially true about the transference situation. If, e.g. a patient correctly observes that I am looking tired I will analyse his feelings and ideas about this observation but admit that his observation is correct. If I did not do so, I should be assuming the parental attitude of not allowing him to observe things concerning my person and denying the reality of his observations. More than that, his guilt would be unduly increased by shifting the responsibility of my being tired on to him.

Patients oscillating between strong opposite tendencies, e.g. between ideas of grandeur and inferiority feelings, are frightened of losing hold

on reality and need the help of the analyst to form a correct judgement on various matters. A patient with normal reality relationship had the suppressed wish to relax, and to phantasy, and the anxiety about giving way to these impulses too much, losing all interest in the external world and going mad. Therefore it was very important for her that I should show understanding of reality problems, and when one day she felt reassured about this, she immediately reacted by being able to phantasy in a freer way. If she could rely on my sense of reality, she need not be so afraid of her phantasy life. With some patients the contrast between analysis and reality causes deep anxiety, and they try to deal with this by establishing a link between the two, e.g. by talking to some person of their immediate environment about the analysis. Another bridge is provided, if the analyst shows understanding for reality matters, or speaks a few more personal words at the end of the session.

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With anxious *children*, I play at first in the presence of the mother till I find out which game reassures them. With the one I play ball in a certain way, for the second I build a hospital, with the third I play hide-and-seek. Thus I succeed as a rule in reassuring their anxiety at least so far that they are ready to stay with me alone for a few minutes. In that time I can give them some interpretations. This is specially important at the beginning, but sometimes also later on, if the anxiety increases. A little girl stayed with me if a certain doll and my kitten (the parents) were present. A thirteen-months-old boy scratched a rubber animal, threw it away and started to cry. He became happy again when I made it reappear and shewed him that it was all right. As a rule it is unsatisfactory to allow the child to express some id wishes which the mother usually does not permit, e.g. splashing water, because it often reacts with anxiety or dislike of the analyst representing id wishes.

I allow a small child to sit on my lap, I am ready to tell it a story or feed it, if it asks me to; occasionally I let it take toys or other things home ' for keeping '. The anxiety can be alleviated by giving certain toys : e.g. a balloon may reassure its anxiety of being castrated, a doll, of being robbed of its child. A little girl became at a certain time more and more restless and started to move the furniture and to turn it upside down. When I brought her some dolls' furniture her anxiety diminished considerably. The furniture represented people as well as the content of her body (room = body). With children who

are inhibited in phantasy games, and whose anxiety over their aggression is prevalent, games which aim at putting things together (e.g. mosaic) often ease the situation. I think it desirable to have a second room beside the treatment room where the child can go, or to take the child for a walk if its claustrophobic reactions increase (generally as a reaction to its aggressive acts committed in the room). This applies specially to highly abnormal or to children under two. It needs no emphasis that all these measures aim only at the temporary alleviation of the situation; a real diminution of the anxiety can be brought about only by interpretations. As the anxiety diminishes in the course of the analysis, they become less necessary.

Children in the second year sometimes react with acute anxiety to interpretations. I could avoid this if I combined the interpretation with the reassurance that his impulses had no dangerous effect in reality. E.g. ' Derek wanted to knock down Daddy ' (knocking down the little doll), ' but here he is again ' (making it reappear).

Occasionally some reassurance is necessary to enable the child to leave me without too great difficulties. A little defective girl developed at a certain phase most intense anxiety at the beginning of the session and refused to enter the house, while later on she shewed the same reaction about leaving. To help the latter I arranged that the caretaker in the Clinic fetched her from me, gave her a sweet, dressed her and took her to the mother who waited in the street. This soothed her anxiety about leaving me, about the aggressions she had committed in the analysis, her dread of the mother, of the street, etc., and diminished her feeling of contrast between the analytic situation and the reality situation. The caretaker acted as a sort of bridge between me and the mother. This is, however, an unusual case.

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To give some examples of the type of reassurance I use with *adults*:[2] Naturally one will express oneself as tactfully as possible, try to avoid interpretations that may hurt the patient or be felt as a reproach. But often through the transference situation interpretations are felt, quite apart from their content, as a present or as an attack. I will adapt the timing, frequency and form of interpretation as far as possible to the patient's wishes; speak much or little according to his attitude. At times I might avoid a certain type of interpretation (infantile material, reality, etc.) if this stirs up too much anxiety,

[2] Some of these apply to children as well.

often according to the conscious wishes of the patient. I will answer questions as far as possible, and find that if I do so, comparatively few questions are asked, and the inhibition of curiosity is more easily revealed. Moreover, it is often important to give the patient this hold on reality, and thus to soothe his paranoid anxieties. I am willing to give advice if the patient is unable to come to a decision and a decision is urgent. Thus I prove that I do not avoid responsibilities. On the other hand there are many types of advice, sometimes important, sometimes trivial, which I would not give. I am willing to help in some reality situation, if I am the person who can help most easily, or if the patient is unable to cope with the situation. Occasionally I might to a certain extent back him up against his environment. I am prepared to lend handkerchiefs, money, books, allow him to smoke my cigarettes, to use my telephone, give him some tablets, etc.; in exceptional cases I will offer them myself. I accept little presents and do not analyse this action if this is important to the patient. I am ready occasionally to discuss conscious interests from a conscious point of view. I went to a patient's lecture, I went to see another patient in hospital. I quite often give a few minutes longer. I allow the patient to ring me up or to see me a second time if he is in a bad state. I permit the patient to stop earlier, to stay away for a day or two, if this eases the situation. In other cases I will persuade the patient to go on with the analysis, but I am careful not to give him the feeling that I am forcing him.

The more we understand the dynamic importance of the patient's defences, the more we see the justification of his ' resistance ' and the more careful we shall be not to break them down too suddenly. If his anxiety diminishes, he gives up these defences gradually and adapts himself to the analytic situation. I do not object if the patient is habitually late, or stays away without letting me know, if he does not lie on the couch, or goes to sleep in the analysis, does not keep to the free association rule or avoids talking about a certain subject. Occasionally I may even encourage him to do so. On the other hand I show him that I am not indifferent to the fact that he pays for the time without using it, and I try to prevent the accumulation of unsaid things. Very occasionally I persuade the patient to tell me things in spite of his difficulty, and in every case I analyse the difficulties he has in talking—in general or about this special subject—or in accepting my interpretations, and thus make it easier for him. I wish to give the impression that analysis is not a sacred thing, that analytic rules

may safely be transgressed so long as some possibility for analytic work remains. On the other hand I emphasize the fact that I would stop him from doing certain things, not on principle but only for practical reasons. It is important to convey to the patient the impression that the analyst is not frightened of him. Both stopping him from aggressive acts and not interfering with them may be read as anxiety on the part of the analyst. The idea of the analyst having helplessly to take the patient's aggression is likely to increase the patient's anxiety. This is due not only to his impression that no limits are set to his aggression, but may have other reasons also. E.g. the patient identifies with the sadistic father and forces the analyst into the position of the helpless child (himself). If then the analyst stops the patient in his aggression, this reassures him that he himself must not submit to his father's sadism. But on the other hand, in stopping the patient's aggression, the impression should not be given that this action is moral disapproval, an 'educational' measure or retaliation; one has to analyse carefully all his reactions to this measure and see that he finds some other outlet for his hostility. I think that with certain adult patients (and all children) some violent outburst, damaging of objects or stealing, should not be prevented. If such actions become too frequent, however, with patients who are not asocial or psychotic, they indicate—in my view—that there is something wrong with the analysis.

If the acting out in the analytic situation is prevented too much, there is a risk of an accumulation of anxiety which might lead to the breaking off of the analysis, or the acting out in reality. Thus I had to stop an asocial boy from the 'acting out' he used to do in the Clinic; this led to an increase of his asocial behaviour in reality, and this caused his parents to break off the treatment. In other cases the suppression of the impulse to act out certain things might prevent the analysis going deeper. This acting out which is caused by intense anxiety is best prevented by diminishing anxiety through interpretation or reassurance.

With patients who wish for a more reserved or impersonal attitude I adapt myself largely to their wishes. But as a rule even this type of patient wants in some special situation some sort of reassurance or help. On the whole, by my general attitude, way of speaking and laughing, etc., I behave fairly spontaneously, and I do not take too much trouble to conceal personal matters of lesser importance. Occasionally the not giving of reassurance may also be felt as a reassurance.

This will be the case only if the patient trusts the analyst. I reassure the patient if this is necessary, but I do not try to please or to flatter him and I am not afraid of disagreeing with him.

Often reassurance may have bad effects or increase the patient's anxiety.[3] This may be because the reassurance given is a wrong one, but also because it is in contrast with the analyst's general attitude, so that the patient has become suspicious. It seems to me important that reassurance should not aim at momentary results, although naturally one will be more inclined to give it if the patient is in a bad state. It should spring from the general attitude of the analyst and be given before the patient gets into too bad a state. Friendliness shewn only if the patient is in a bad state is likely to increase the gain of illness. Reassurance should aim at strengthening and furthering the patient's normal defences and ways of overcoming conflicts (e.g. work) and not his neurotic ones.

I cannot enumerate all the various methods of reassurance, but just illustrate my general tendency. I would like to emphasize that besides giving reassurance I always analyse the anxiety which I reassure, the effects of the reassurance, and the patient's feelings about my giving the reassurance, and naturally I do not give all the methods of reassurance I enumerated to all my patients. On the whole I try to get on with not too much reassurance, but if I give it I give it willingly, and I do not wait till the patient gets into too bad a state of mind. I try to dose the reassurance, diminish or stop it in the course of the analysis, but not too quickly. I want the patient always consciously to understand my motives for giving or not giving a certain type of reassurance, but I would never force it on to him.

Above all the reassurance should serve as a reassurance for the patient and not for the analyst's own needs. It seems to me bad policy to give ineffective reassurance or to repeat the same type of reassurance frequently, because it loses its effect. I do not give a reassurance which I myself would not believe, if I were in the place of the patient. A reassurance about the manifest content of the anxiety, or a commonsense reassurance as given by everybody else, rarely proves effective. Reassurance gets most of its value through the transference situation. Therefore it has to be handled carefully. I

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[3] Compare my papers: 'Paradoxe Reaktion auf das Gestatten der Onanie' and 'Patienten, die keine Freundlichkeit vertragen'. *Zeitschr. f. psychoanalytische Pädagogik*, 1932.

would not give a reassurance which for the moment might soothe the anxiety, but in the long run prove to be unfavourable. This applies to all insincerity, to everything that might make him suspicious that I am afraid of him, and to all reassurance which gives too much libidinal gratification, or satisfies the demands of the super-ego too much, and thus is liable to stir up other anxieties. There is less risk with reassurance which is in accordance with the patient's ego. A test for the right sort of reassurance, in my view, is if it diminishes the patient's tendency to acting out, in contrast to Ferenczi's ' active therapy ' or ' relaxation principle ', which leads to an increased acting out. Reassurance should have only a temporary aim at easing the situation at the moment and not try to influence the patient's character or symptom. Any alteration in the latter should be brought about by interpretation. It is also important that the attitude of the analyst giving reassurance should not be in contrast to his attitude when interpreting. I believe the art of giving the right sort of reassurance at the right moment is not easier than giving the right interpretation.

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I want to illustrate the foregoing by reference to three patients whose analysis had very good therapeutic success. A man with severe chronic depressions, suicidal tendencies, complete inhibition in work and most activities, and very little reality relationship, came for treatment. The analysis helped him a little in the first weeks but after then did not make much progress, owing to the fact that I did not succeed in analysing the transference situation and tracing definite resistance. He was always very keen on coming for the analysis, but he had no interest in me. It was always the ' analysis ' impersonally, and never myself. I was an automaton who gave him interpretations. After some time I found that this impersonal relationship—which was in accordance with his general attitude to reality—was a specific transference-situation. I (the woman) was impersonal, unreal and an automaton, which contained the interpretations, the father's penis. I could help him only if I was superhuman. By making me unreal he avoided conflicts, disappointments, criticism, curiosity, aggression, was unable to hurt me, etc. The greatest trauma in his life was the death of his mother. If he identified me with his mother I would die as well. He had to keep me impersonal so that I should not die. But if I was impersonal I was dead, the dead mother in heaven, superhuman. Only after many months' analysis I found out that he would

have to stop paying me in another six months, unless he was able to work, which at this time seemed extremely unlikely. He hoped he might, after having stopped with me, be treated by another analyst as a Clinic patient. Therefore he avoided a personal relationship to me and trusted only 'the analysis' impersonally. At this point I reassured him that I would go on with the analysis in any case. As a reaction to this reassurance he was for the first time able to express some anxiety and aggression concerning me. Later on he asked me to see his wife. He wanted me to reassure her and also have the reassurance himself that I am a real person behaving in a normal way and that she is real as well. Some months later I went to see his newborn baby by his invitation and on this occasion met him also. Further than this, I wrote to him in the holidays, I gave him occasionally some extra time and also a little help in reality matters; these and other things and the fact that he played with my kitten and talked to my maid, proved to him that I could be a real person without having to die, or causing him disappointment, that I could regard him as a real person without dangerous consequences, and that I had personal interest in him as well.

The second case is that of a patient with deep depressions, strong persecutory ideas, suicidal tendencies, and depersonalization feelings, and occasional hallucinations. Although he had great difficulties in work, he was still able to do things comparatively well, but he felt quite justifiably that he was going to have a breakdown if the analysis did not help him soon. He got on extremely badly with people. He was very distrustful of the analysis and quarrelled with the consulting physician, calling all analysts robbers. In the first interview, for which he was forty minutes late, he gave me the impression that he would not turn up again. But after overcoming some initial difficulties he came. He was always late, ten minutes, thirty minutes, sometimes even forty-five minutes. At first he used to miss about once a week, usually without letting me know. I tried every time of the day he suggested. It happened that I expected him at 3 p.m.; then he would ring up at 3.30 p.m. to ask me if he could come in the evening, and whenever possible I agreed. If I could not alter the time I emphasized that it was because of practical difficulties, and not on principle. I very often gave him a longer session, mainly on the days he was very late. He paid reduced fees, although he could pay properly, and he always put off paying my account. He was quite unable to use free association. He spoke in a social way, face to face,

doing his best to amuse or to interest me and expected an answer after every few sentences. I very largely adapted myself to his wishes, spoke frequently, reacted to his jokes or conscious interests, and gave the interpretations in a rather easy way. I allowed him to smoke my cigarettes, to use my telephone, etc. He soon got a good personal relationship to me, but was distrustful of the analysis as such, and could not stand the idea of being a patient. If I treated him as a patient, I was superior to him or regarded him as mad ; if I were an analyst, he identified me with various persons whom he distrusted, and the doctors of whom he was afraid. The analysis must be a game. If I treated him for money I was a robber.

One day he invited me quite unexpectedly to the theatre. He reacted to my refusal with paranoid dreams which he had not had for a long time. This shewed why he needed so much reassurance. He said that he got over my refusal because some time ago I had gone to hear him lecture, and had thus shewn personal interest in him. He believed that everything about him was bad except his brain. If I were not interested in his conversation and his conscious interests, I should despise the only thing which was good about him. For similar reasons he must be convinced of my intelligence ; he must get relief in every session ; I must be able to analyse him without effort, as a play, and as far as possible without his help, i.e. without his telling me various things. For a long time he avoided telling me about his work, because there was the risk that I might not understand him at once and thus prove a failure.

At first he found things out about me in a roundabout way ; he was very much impressed when I asked him why he did not ask me simply what he wanted to know. I answered practically every question. Only thus it became clear that in spite of his intelligence and inquisitiveness he was rather inhibited in his curiosity. By answering his questions I shewed him trust, soothed his persecutory ideas, and gave him a hold on reality. His greatest anxiety was of losing relationship to reality.

One day something happened outside the analysis which upset him very much. I spent the whole session discussing the situation from the reality point of view without analysing it, and suggested that he should ring me up later on in the day. He rang up and asked if he could see me. I saw him for another hour in the late evening. It was very important for him that I did not charge for this interview, that I did not regard it as professional. Afterwards he told me that he

would have committed suicide if I would not have seen him in the evening.

In the next case, reassurance brought about both a soothing and a dynamic effect, which I could not get through interpretations. The patient is a young German woman in her early twenties, who could be diagnosed as an hysterical character. The only symptom she showed was not very intense anxiety. She came for treatment largely because of a theoretical interest. She was well-adapted and successful in her work as an artist; married several years ago. The analysis got on easily and satisfactorily for some months when, owing to various external happenings, an extremely difficult situation arose. She and her family had settled in England and her husband had to return to Germany for several weeks for practical reasons. My patient had consented that he should go alone, but felt afraid that he might renew a love relationship there which he had given up when they settled in England. At the same time she became pregnant, but had a rather ambivalent attitude to pregnancy. Moreover she was told by the doctor that there was a risk of miscarriage. This, and further, the physical examination and the possibility that she might have to be operated upon, frightened her very much. On top of everything there were difficulties with her mother, a very complicated and frightening situation with an intimate friend and her deep anxiety of the Nazis. These various events activated all her anxiety-situations at once, so that she got into quite a desperate state as soon as her husband left. Her hatred against her husband because of his earlier negligence became really conscious now for the first time, and she felt this to be unbearable. She felt upset by the pregnancy and the physical examination and the possibility of miscarriage and operation, was afraid of childbirth, afraid that her state of mind might have a bad effect on the child, that the Nazis might come to England, etc., etc. As I could not help her in this difficult situation she at once lost her faith in me, which made things worse. She would feel easier if she gave up analysis, then she could suppress her hatred of her husband. But if she went on with the analysis she would hate him so much that she would not be able to live with him any more, and that would be the worst thing that could happen to her. For five weeks she was in an intense state of despair and anxiety, unable to sleep, not wanting to see anybody. The only comfort she found was in her work. Hours before and after the analysis she felt worse. I did my best to analyse the situation, to relate it to various events and disappointments in

adult life and childhood, the death of the father, the weaning situation, etc., to analyse the paranoid anxieties of the external persecutors (Nazis, husband, mother, the doctor and myself), the internal one (the child). Further I pointed out that by her husband being away, her homosexual and polygamous tendencies increased and frightened her. I suggested also that the fact of being pregnant, settling in England, and having her husband for herself was a fulfilment of her wishes which made her feel so guilty, that she had to emphasize the unpleasant aspects of the situation. Besides these and other interpretations I analysed the transference situation most carefully. These interpretations (which proved to be correct) had some effect in so far as the form of the anxiety changed or diminished for a day or two. But a small event—a letter from her husband, or the fact that he did not write, etc.—was enough to upset her again. I had to admit that her coming to the analysis made things temporarily worse. I had agreed that she should stay away for a day or two, that she should talk only about subjects she did not find too difficult, that I would not talk about certain things (mainly her relationship to her husband); and I gave her various reassurances. But all this did not help really, and I began to consider the advisability of letting her stop. Then one day when she was getting more and more desperate again, I suggested that she should sit up. She objected that this would not make any difference. I told her to try it and asked her if she would not like to smoke. She said she ought not to because of her pregnancy. I reassured her about this and offered her a cigarette, as she had none. Then I tried to persuade her to take the analysis more easily, told her that I have patients who are half an hour late or more, avoid talking about various subjects, etc., etc., and still get on in the analysis. She became quieter and told me something about her work and about everyday things, which she had avoided doing in the last five weeks. This day I spent altogether nearly two hours with her. Next day she was completely changed and told me that she had found out that she was so unhappy because she could not phantasy about the child. If she did the child might die. Thus she confirmed my suggestion that it was mainly her guilt feeling which caused this situation. The other point she brought up was that she feared she would be like a friend of hers who was very unhappy and masochistic. The whole time she had expressed her anxiety that she might go on letting her husband treat her badly, and had turned the analysis into a masochistic situation —because she would have felt too guilty if she had enjoyed it—

and this she could not stand. If I succeeded, through interpretation and reassurance, in not taking on the rôle of the bad mother, I became the good father, towards whom she had to have a masochistic attitude as her guilt prevented her from a happier relation. Only after my talk, by which I reassured her that I did not want to turn the analysis into a masochistic situation and allowed her to get a certain amount of gratification out of the analysis, could she bring out this material clearly and accept my interpretation. I had previously interpreted the masochistic element in the transference situation but without effect. From this time onwards the analysis has gone on easily again, even in the time her husband was still away.

In this case I eased the situation by stopping the patient acting out her masochistic transference. Every reassurance aims at stopping a certain type of transference being acted out. It is important that it should be stopped but not repressed. Whether or not the repression is furthered by such means depends largely on the type of reassurance used, and on the general attitude of the analyst. But as Edward Glover pointed out, interpretation also might increase the repression. Thus, probably, it does not matter even if some anxieties or phantasies are temporarily repressed, so long as by further interpretations one succeeds in analysing them.

The possibility that reassurance might increase the repression seems to me the most serious argument against its use. The other objections can easily be answered. The fact that pseudo-analysts use reassurance instead of interpretation, or use it in a wrong way, should not prevent one using it correctly, that is, combined with interpretation. The principle that analysis should be conducted under frustration is still maintained even if reassurance is given, because the greatest part of the libidinal wishes remains frustrated and the gratification offered in reassurance is very little from the point of view of reality, and gets all its value through the transference situation. There seems to be a tendency to overestimate the gratification in the analysis and to underestimate all the difficulties and painfulness which are inseparable from a deep analysis. If one realises how much patients have to suffer in the course of the analysis one will allow them some gratification, which is always only a substitute gratification. The view that the patient derives so much gratification from the analysis seems to be mainly based on the reluctance or inability shown by many patients to give up the analysis. To-day, however, we know that such a fixation on the analyst is largely caused by intense anxiety and that

this libidinal fixation can best be resolved by diminishing the underlying anxiety. A fixation, no doubt, is more often increased through hatred, anxiety, and frustration, than through gratification. As to the last argument; it is certainly true that the analyst might be driven by his own anxiety to give reassurance. But it is equally true that his anxiety might prevent him from giving reassurance, mainly if he is afraid of the positive transference and counter transference or of being psychically blackmailed by the patient. But it might be just as well sadism or masochism or some other unconscious motive which makes him prefer to maintain a difficult situation instead of relieving it by giving reassurance. Altogether I think that emotional difficulties interfere still more with the analyst's attitude to reassurance, and his ability in giving it, than with his attitude to interpretation. It has to be considered whether the question of reassurance can be discussed from the point of view of the patient, apart from that of the analyst: that is, how far is the analyst able to analyse the patient if he has a more personal attitude to him, and gives him more reassurance, without having his own conflicts stirred up too much?

The practical disadvantages for the analyst arising from giving reassurance should also be considered, The greatest are, in my experience, with children and asocial adolescents, that they disturb, by their noisy and troublesome behaviour, the people in the environment of the analyst. With patients who come irregularly, and to whom one frequently has to give extra time, one spends very much time. All these drawbacks are naturally intensified if one gets more than one patient of this type. These practical difficulties will provide a quite serious problem if the analytic treatment of asocial patients should be started on a somewhat bigger scale.

In discussing certain technical problems various difficulties arise. We have no standards by which to judge. What is meant, e.g. by 'rarely' or 'frequently'? Most technical statements were directed against certain misunderstandings and in the course of time gave rise to other misunderstandings. The first essays on technique largely aimed at stating the difference between analysis and suggestive measures. With time this immediate purpose lost its importance and they were understood as recommendations to eliminate more or less all human factors in the relationship to the patient. An attempt to correct these exaggerations runs the risk of being misunderstood in the other direction.

Another difficulty is that no technical problem can be discussed

without being related to the various types of analytic technique. I do not think that there is only one type of correct analytic technique. Ideally speaking the understanding of a case should be the same with all analysts. But the understanding is only the precondition for the correct technique, not the technique itself. The technique depends largely on the personality of the analyst. If the analyst has not assimilated the knowledge conveyed to him by others he will be hindered in his intuition and his spontaneous reactions. It is essential for successful working that the analyst develops a technique which is in harmony with his personality.

PASSIVITY, MASOCHISM AND FEMININITY [1]

BY

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PARIS

I. *The pain inherent in the female reproductive functions.*

II. *Erotic pleasure in women.*

III. *The infantile sadistic conception of coitus.*

IV. *The necessary fundamental distinction between masochism and passivity.*

V. *The female cloaca and the male phallus in women.*

I. *The pain inherent in the female reproductive functions.* The most superficial observer cannot help noting that in the sphere of reproduction the lot of men and of women, in respect of pain suffered, is an unequal one. The man's share in the reproductive functions is confined to a single act—that of coitus—which he necessarily experiences as pleasurable, since, for him, the function of reproduction coincides with the erotic function. The woman, on the other hand, periodically undergoes the suffering of menstruation, the severity of which varies with the individual; for her, sexual intercourse itself is initiated by a process which involves in some degree the shedding of her blood, namely, the act of defloration; finally, gestation is accompanied by discomfort and parturition by pain, while even lactation is frequently subject to painful disturbances.

Already in the Bible [2] woman is marked out for the pain of childbearing, the punishment for original sin. Michelet [3] describes her as '*l'éternelle blessée*' ('the everlastingly wounded one'). And, in psychoanalytical literature, Freud,[4] discussing the problem of masochism, that bewildering product of human psycho-sexuality, characterizes it, in its erotogenic form, as 'feminine', while Helene Deutsch [5]

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[1] Based on a paper read before the Thirteenth International Psycho-Analytical Congress, Lucerne, August, 1934. The original paper, the contents of which are here reproduced in a revised form, was entitled 'Du masochisme féminin essentiel'.

[2] Genesis iii. 16.

[3] *L'Amour*, Vol. I, ch. ii, p. 57, Calmann Lévy, 1910.

[4] 'The Economic Problem in Masochism' (1924), *Collected Papers*, Vol. II.

[5] *Psychoanalyse der weiblichen Sexualfunktionen*, 1925; 'The Significance of Masochism in the Mental Life of Women', this JOURNAL, Vol. XI, 1930.

regards it as a constant factor in female development and as an indispensable constituent in woman's acceptance of the whole of her sexuality, intermingled, as it is, with so much pain.

II. *Erotic pleasure in women.* There is, however, another fact no less striking even to a superficial observer. In sexual relations women are often capable of a high degree of erotic pleasure ; they crave for caresses, it may be of the whole body or of some particular zone, and in these caresses the element of suffering, of masochism, is entirely and essentially absent. Moreover, in actual copulation the woman can experience pleasurable orgasm analogous to that of the man.

Of course, in this connection we must bear in mind the biological fact of which, for the matter of that, many biologists appear to be ignorant, though Freud has accurately appraised its importance : in women, as contrasted with men, there are two adjacent erotogenic zones—the clitoris and the vagina—and these reflect and confirm the bisexuality inherent in every woman. In some instances there is an open outbreak of antagonism between the two zones, with the result that the woman's genital erotism becomes centred exclusively either in the vagina or in the clitoris, with, in the latter case, vaginal anæsthesia. In other instances, and I think these are the more common, the two zones settle into harmonious collaboration, enabling her to perform her erotic function in the normal act of copulation.

Nevertheless, woman's share in sexual pleasure seems to be derived from whatever virility the female organism contains. The great biologist, Marañon,[6] was in the right when he compared woman to a male organism arrested in its development, half-way between the child and the man—arrested, that is to say, precisely by the inhibitory influence exercised by the apparatus of maternity, which is subjoined to and exists in a kind of symbiosis side by side with the rest of her delicate organism.

The residue of virility in the woman's organism is utilized by nature in order to eroticize her : otherwise the functioning of the maternal apparatus would wholly submerge her in the painful tasks of reproduction and motherhood.

On the one hand, then, in the reproductive functions proper—menstruation, defloration, pregnancy and parturition—woman is

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[6] *La Evolucion de la Sexualidad y los Estados Intersexuales*, Madrid, Morata, 1930. French translation by Sanjurjo D'Arellano, Paris, Gallimard, 1931.

biologically doomed to suffer. Nature seems to have no hesitation in administering to her strong doses of pain, and she can do nothing but submit passively to the regimen prescribed. On the other hand, as regards sexual attraction, which is necessary for the act of impregnation, and as regards the erotic pleasure experienced during the act itself, the woman may be on equal footing with the man. It must be added, however, that the feminine erotic function is often imperfectly and tardily established and that, owing to the woman's passive rôle in copulation, it always depends—and this is a point which we must not forget—upon the potency of her partner and especially upon the time which he allows for her gratification, which is usually achieved more slowly than his own.

III. *The infantile sadistic conception of coitus.* Let us now go back to the childhood situation.

Psycho-analytical observations have proved beyond any doubt that when, as often happens, a child observes the coitus of adults, he invariably perceives the sexual act as an act of sadistic aggression perpetrated by the male upon the female—an act not merely of an oral character, though little children do so conceive of it, because the only relations between one human being and another of which they have at first any knowledge are of an oral nature. But, seeing how early the cannibalistic phase occurs, it seems certain that this *oral* relation is itself conceived of as aggressive. Nevertheless, it so frequently happens that the child is in the anal-sadistic phase when he makes these observations that his predominating impression is that of an attack made by the male upon the female, in which she is wounded and her body penetrated. Having regard to the primitive fusion of instincts we may perhaps say that the earlier these observations occur the more marked is the sadistic tinge which they assume in the child's mind. In his perception of the acts of adults the degree of his own aggressiveness, which varies with the individual child, must also play a decisive part, being projected on to what he sees.

In the mind of a child who has witnessed the sexual act the impressions received form, as it were, a stereotyped picture which persists in the infantile unconscious. As he develops and his ego becomes more firmly established, this picture is modified and worked over, and doubtless there are added to it all the sado-masochistic phantasies [7] which analysis has brought to light in children of both sexes.

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[7] Cf. especially Melanie Klein, *The Psycho-Analysis of Children*, 1932.

The very early observations of coitus, made when the child was still in the midst of the sadistic-cloacal and sadistic-phallic phases (which, indeed, often overlap), were effected in the first instance with partial object-cathexes relating to the *organs* which children covet to gratify their libidinal and sadistic impulses. Little by little, however, the whole being of the man and of the woman becomes more clearly defined as male or female, and the difference between the sexes is at last recognized.

Thereafter, the destiny and influence of the infantile sadistic phantasies will differ with the sex of the child. The sadistic conception of coitus in boys, the actual possessors of the penetrating penis, will evade the centripetal, cloacal danger and tend to take a form which is centrifugal and vital and which involves no immediate danger to their own organism. Of course it will subsequently come into collision with the *moral* barriers erected by civilization against human aggressiveness, with the castration complex especially; but the Œdipal defusion of instincts through which the boy's aggression is diverted to his father, while the greater part of his love goes to his mother, is of considerable assistance to him in distinguishing sadism from activity and subsequently orientating his penis—active but no longer sadistic—in the direction of women.

In girls, the sadistic conception of coitus, when strongly emphasized, is much more likely to disturb ideal erotic development. The time comes when the little girl compares her own genitals with the large penis of the adult male, and inevitably she draws the conclusion that she has been castrated. The consequence is that not only is her narcissism mortified by her castration but also, in her sexual relations with men, the possessors of the penis which henceforth her eroticism covets, she is haunted by the dread that her body will undergo some fearful penetration.

Now every living organism dreads invasion from without, and this is a dread bound up with life itself and governed by the biological law of self-preservation.

Moreover, not only do little girls hear talk or whispers about the sufferings of childbirth and catch sight, somehow or other, of menstrual blood: they also bear imprinted on their minds from earliest childhood the terrifying vision of a sexual attack by a man upon a woman, which they believe to be the cause of the bleeding. It follows therefore that, in spite of the instinct which urges them forward, they draw back from the feminine erotic function itself, although of all the

reproductive functions of woman this is the only one which should really be free from suffering and purely pleasurable.[8]

IV. *The necessary fundamental distinction between masochism and passivity.* As the little girl grows up, her reactions to the primal scene become more pronounced in one direction or another, according to the individual case, the determining factors being, on the one hand, her childhood experiences and, on the other, her constitutional disposition.

In the first place, there is bound to be a distinct difference between the reactions of a little girl who has actually witnessed the coitus of adults and those of a little girl who has fallen back upon phylogenetic phantasies, based on her inevitable observations of the copulation of animals. It seems that the severity of the traumatic shock is in proportion to the earliness of the period in which the child observes human coitus and to the actuality of what she observes.

Above all, however, the violence of the little girl's recoil from the sexual aggression of the male will depend on the degree of her constitutional bisexuality and the extent of the biological bases of her masculinity complex. Where both these factors are marked, she will react in very much the same way as a little boy, whose reaction, since he also is bisexual, will be likewise of the cloacal type, though very soon his vital phallic rejection of the passive, cloacal attitude will turn his libido into the convex, centrifugal track of masculinity.

For there are only two main modes of reaction to the sadistic conception of coitus harboured by the little girl's unconscious mind

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[8] In my opinion this primitive drawing back is a motion of the *vital ego* and not primarily, as Melanie Klein holds, that of a precocious *moral super-ego*. In this connection my view agrees more nearly with that of Karen Horney, though I differ from her on another point, namely, the constitutional phallic element—what I should term the bisexuality—in the nature of women. Cf. Melanie Klein, *The Psycho-Analysis of Children*, quoted earlier in this paper, and Karen Horney, ' The Flight from Womanhood ', this JOURNAL, Vol. VII, 1926, and ' The Denial of the Vagina ', this JOURNAL, Vol. XIV, 1933. The outbreak of rage to be observed in so many children, when an attempt is made to give them an enema, is, I believe, to be explained as the defence set up by this same instinct of self-preservation against penetration of their bodies. This seems to me much more probable than that it is the expression of a kind of orgasm, as Freud holds (no doubt with some justice in certain cases), following Ruth Mack-Brunswick. (Freud, ' Female Sexuality ', this JOURNAL, Vol. XIII, 1932.)

throughout childhood and right up to adult life. Either she must accept it and, in this case, in order to bind masochistically her passive aggression there must be an admixture of eros equivalent to the danger which, she feels, threatens her very existence. Or else, as the years pass and her knowledge of reality increases, she must recognize that the penetrating penis is neither a whip nor an awl nor a knife nor a cartridge (as in her sadistic, infantile phantasies) and must dissociate passive coitus from the other feminine reproductive functions (menstruation, pregnancy, parturition) ; she must accept it as the only act which is really purely pleasurable, in sharp contrast to the dark background of feminine suffering, an act in which libido—that biological force of masculine extraction—is deflected to feminine aims, always passive but here not normally masochistic.

It is true that in woman's acceptance of her rôle there may be a slight tincture—a homœopathic dose, so to speak—of masochism, and this, combining with her passivity in coitus, impels her to welcome and to value some measure of brutality on the man's part. Martine declared that she wished ' to be beaten '. But a real distinction between masochism and passivity must be established in the feminine psyche if her passive erotic function is to be normally accepted upon a firm basis. Actually, normal vaginal coitus does not hurt a woman : quite the contrary.

If, however, in childhood, when she is brought up against the sadistic conception of coitus, she has, if I may so put it, voted for the first solution, namely, a masochism which includes within its scope passivity in copulation, it by no means follows that she will accept the masochistic erotization of the vagina in coitus. Often the dose of masochism is in that case too strong for the vital ego, and it is a fact that even those women in whom the masochistic perversion is very pronounced often shun penetration and content themselves with being beaten on the buttocks, regarding this as a more harmless mode of aggression since only the outer surface of the body is concerned.

The vital, biological ego protests against and takes flight from masochism in general and may establish very powerful hypercathexes of the libido's defensive positions.

V. *The cloaca and the phallus in women.* At this point we must remind ourselves that in females there are two erotogenic zones and that woman is bisexual in a far higher degree than man.

Earlier in this paper I quoted the views of the Spanish biologist, Marañon, who holds that a woman is a man whose development has

been arrested, a sort of adolescent to whose organism is subjoined, in a kind of symbiosis, the apparatus of maternity, which is responsible for the check in development.

In woman the external sexual organs, or, more correctly, the erotogenic organs, appear to reflect her twofold nature. A woman, in fact, possesses a cloaca, divided by the recto-vaginal septum into the anus and the specifically feminine vagina, the gateway to the additional structure of the maternal apparatus, and a phallus, atrophied in comparison with the male penis,—the little clitoris.

How do these two zones react, on the one hand to the little girl's constitution and, on the other, to the experiences which exercise a formative influence upon her psychosexuality ?

There are various stages and phases [9] in libidinal development. The oral phase is succeeded by the sadistic-anal phase which, in view of the anatomical fact of the existence of the vagina in little girls, I should prefer to call the sadistic-cloacal phase.

There is, therefore, a cavity (as yet, no doubt, imperfectly differentiated in the child's mind) which in the little girl's sadistic conception of coitus is penetrated in a manner highly dangerous. (The little boy, for his part, arguing from his own physical structure, often recognizes the existence of the anus only.) Consequently, when coitus is observed at this early age, the result is the mobilization, firstly, of the erotic wish for the penis, coveted by the oral and cloacal libidinal components, and, secondly, of the dread of penetration which wounds and is to be feared.

Before long, however, the phallic phase, which is a regular stage in the biological development of both sexes, is reached by little girls, as by little boys, being accompanied in the former by clitoridal masturbation. Doubtless, at this period, masturbation is not confined exclusively to the clitoris but is extended in a greater or lesser degree to the vulva and the entrance to the adjacent vagina. How far this is so depends on the individual and on the amount of her constitutional femininity (her pre-feminine, erotogenic cloacality).

At this point, however, through a confusion of passivity with masochism, the little girl may take fright and reject her passive rôle. The dread of male aggression may be too strong, the admixture of

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[9] Freud, *Drei Abhandlungen zur Sexualtheorie*, 1905 ; Abraham, ' A Short Study of the Development of the Libido ' (1924), *Selected Papers*, Chap. XXVI.

masochism already present too great, or too potent a dose of it may be required to bind and accept the dread. When this is the case, her ego draws back and her eroticism will cling, so to speak, to the clitoris. The process is something like that of fixing a lightning-conductor to a house in order to prevent its being struck : the electricity (in this case, the child's eroticism) is diverted into a channel in which it does not endanger life.

Thus a sort of *convex erotic engram*, upon which her erotic function as a woman will be modelled, is set up in opposition to the *concave erotic engram* which is properly that of the female in coitus.

Now the convex orientation of libido is the very direction taken by the eroticism of the male, as he develops anatomically, and, further, the erotogenic, centrifugal orientation of the penis. Consequently, such an orientation of libido in a woman is highly suggestive of a considerable degree of constitutional masculinity. Here, passivity being more or less inextricably confused with erotogenic masochism, its *vital* (self-preservative) rejection and its *masculine* rejection coincide. *Moral* repression, on the other hand, which has its source in educational influences and is maintained by the super-ego, tends to attack feminine sexuality as a whole, without discrimination of its specifically vaginal or clitoridal character, and, when carried to its extreme, tends to result in total frigidity.

Nevertheless the phallus itself, an organ essentially male even when it goes by the name of the clitoris, can be used for ends which are, at bottom, feminine.

It is true that the clitoris, the rudimentary phallus, is never destined to achieve, even in its owner's imagination, the degree of activity to which the penis can lay claim, for in this respect the male organ is far better endowed by nature. The clitoris, like the little boy's penis, is first aroused when the mother is attending to the child's toilet, the experience being a passive one. Normally the clitoris, after passing through an active phase, should have a stronger tendency than the penis to revert to passivity : the little girl's biological castration complex paves the way for her regression. Next, when her positive Œdipus complex is established, with its orientation to the father, the clitoris readily becomes the instrument of those libidinal desires whose aim is passive. And this prepares the way for the clitoridal-vaginal erotic function by means of which, in so many women, the two zones fulfil harmoniously their passive rôle in coitus and which is opposed to the functional maladjustment of women of the clitoridal

type, in whom the phallus is too highly charged with active impulses.

From the biological standpoint, nevertheless, the ideal adaptation of woman to her erotic function involves the functional suppression of the active, and even of the passive, clitoris in favour of the vagina, whose rôle is that of purely passive reception. But in order that the vital ego may accept this erotic passivity, which is specifically and essentially feminine, a woman, when she reaches full maturity, must as far as possible have rid herself of the infantile fear which has its origin in the sadistic conception of coitus and from the defensive reactions against the possibility of masochism which are to be traced to the same source.

PHALLIC PASSIVITY IN MEN[1]

BY

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I

A number of psycho-analytical papers have recently appeared which deal with the evolution of the genital function in men and in women. In particular, its first stage, i.e. the phallic phase, has been studied by various psycho-analysts, beginning with Freud and including Marie Bonaparte, Helene Deutsch, Jeanne Lampl-de-Groot, Ruth Mack-Brunswick, Ernest Jones, Fenichel and Radó.

In the course of a conversation Madame Marie Bonaparte informed me of her investigations in connection with ' the passive phallic phase in little girls '. The notion of such a phase, considered in relation to what we know of the development of the genital function in boys, seems to me to throw light on certain peculiarities in the genital behaviour of a large number of men who may or may not suffer from disturbances of potency.

Let us briefly review the facts, beginning with those of a pathological character, for the element of exaggeration in the latter enables their characteristics to be clearly seen.

It is well known that, in many men who suffer from disturbances of potency, inhibitions, such as collapse or total absence of erection, make themselves felt in certain circumstances only. In some cases this occurs whenever the sexual partner makes the slightest show of resistance, while, in others, coitus is impossible unless the woman not merely consents but takes the initiative.

We know that the inhibition from which these men suffer has its source in the fear of castration and that this fear is associated with episodes in their childhood. In analysis it often transpires that, as boys, they made an attempt to seduce their mother, or a mother-substitute, behaviour which called forth a rebuff or a threat. Such attempts at seduction are generally of a childish character, as is natural at that stage of sexual development, and they would hardly be recognized for what they are by adults ignorant of such a possibility. For instance, a little boy may try to take his mother by surprise, when

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[1] Based on a paper read before the Thirteenth International Psycho-Analytical Congress, Lucerne, August, 1934.

she is undressed, and may sometimes be bold enough to attempt to touch her breasts, her buttocks or even her genitals. A frequent form of attempted seduction is masturbation in the mother's presence, for example, when she is attending to the child's toilet : this manœuvre is tantamount to an invitation to her to touch his penis. Or the attempt may assume a paradoxical form, so that at first it escapes recognition : a little boy who has already been forbidden to masturbate nevertheless does so in front of his mother. It is as if his intention were to call forth a fresh prohibition, a threat or even punishment. The meaning of his behaviour is this : by causing his mother to catch him in the act and to punish him he forces her nevertheless to take part in his masturbation. The rebuff which he meets and the threat of castration which often accompanies it frequently constitute traumas that help to put an end to his infantile genital activity.

Between these traumas and the genital inhibitions to which I have alluded earlier in this paper there is a certain relation : the adult man seems to wait for the woman's ' permission ' to have intercourse with her, for the effects of the prohibition imposed in childhood have to be counterbalanced. For some young men suffering from inhibitions it is enough if ' permission ' be given on one single occasion by a woman who is a substitute for the female ' castrator ' of their childhood : their genitality is then set free, once for all, from the ' curse ' which had fallen on it. But, as a rule, the woman has to repeat her ' permission ' and even to extend it to important details of the sexual act itself, e.g. to the introduction of the penis by her help. Men to whom such activity on the woman's part is necessary often allege ignorance of the conformation of the female genitals, which they never dare to look at, and they actually ' forget ' the structure of these organs if they chance to have taken the trouble to study them in a text-book of anatomy. In many cases of impaired potency where the erection collapses at the exact moment of penetration the man's unconscious aversion to the female organs takes the form of a horror of a *vagina dentata*. It is surprising to find that some men, in whom this fear causes erection to subside, can accomplish erection and ejaculation through immission of the penis into an organ which really is set with teeth, namely, the woman's mouth. Sometimes the *selective* nature of this form of impotence—its exclusive relation to the vagina—is emphasized by the following facts. A man who cannot achieve normal penetration and has had recourse to fellatio to restore erection makes another attempt at coitus. Once more the erection collapses and only in response to

oral caresses can ejaculation take place. This paradoxical situation, which is of real clinical importance, requires explanation.

One of my patients explained as follows the relatively satisfactory functioning of his automatic genital processes during fellatio and their inhibition at the moment of coitus. ' I don't have to do anything : the woman does it all '. This peculiar view of the matter derives some support from the fact that the majority of men whose automatic genital processes function correctly in fellatio find that the same thing occurs if they cause themselves to be masturbated by a woman. The inhibition from which they suffer applies to active penetration and to that alone.

It seems, therefore, that in these cases we must distinguish two forms of the genital function : (1) an active form, which terminates in penetration and coitus, and (2) a form in which the aim is passive, the man's wish being to receive caresses from without, whether from someone else or from his own hand.

These two aspects of the genital function—active and passive—reflect two phases of its development in childhood.

In every analysis in which the amnesia of childhood has been overcome beyond any possibility of doubt we have, indeed, observed that the first manifestations of the phallic phase took the form of tendencies, wishes and acts whose aims were passive : the child desired to look at or touch his own penis or cause it to be touched by someone else. Psycho-analysts are aware that these genital manifestations occur in the earliest period of childhood. I should like, however, to cite a case which I had an opportunity to observe with my own eyes some years ago. A baby boy, aged five months, used to bend himself back into an opisthotonic attitude, and, so to speak, present his penis to his mother, whenever she was attending to his toilet and her hand approached the region of his genitals. At the same time he uttered little grunts of pleasure, accompanying them with a pantomime the meaning of which was unmistakable. This child is now ten years old and is perfectly normal, both physically and mentally.

In the vast majority of cases which I have been able to analyse the phallic phase of libidinal development has been characterized by a functioning of the genital organs which was purely passive in aim. The active aim of the genital function, penetration, did not appear until later and often took the form of vague and indefinite phantasies. One form of sexual aim, however, which may be regarded as intermediate between the passive and the active aims, may make its appear-

ance fairly early. I refer to the tendency to rub the penis against inanimate objects or the body of a woman.[2]

In my opinion we shall do well to distinguish two stages in the phallic phase : a passive and an active stage. The passive stage manifests itself first and, according to my own observations, it actually includes the period of the Œdipus complex. Indeed, the sexual aims of the little boy's incestuous wishes are clearly passive, although they may exist side by side with the active aim of penetration which begins to make itself felt at the same period. In some cases the masturbation practised at puberty begins with purely passive genital acts.[3] Boys of this type like to have their penises handled more or less roughly, and they achieve orgasm without any semblance of a ' to and fro ' movement or of penetration. Some of these boys develop normally but the majority are likely to remain habitual masturbators, for whom masturbation will always provide a more complete satisfaction than coitus.

II

The analysis of a man suffering from somewhat serious disturbances of sexual potency provided me with an opportunity of bringing to light the connection between phallic passivity and disturbances in ejaculation. The patient, aged forty, declared that he had two kinds of erection and, until he was analysed, he did not know which of the two was normal. The one kind (clearly the normal type) was characterized by rigidity of the whole penis and had formerly enabled him, though infrequently, to have fairly prolonged coitus. This sort of erection still sometimes occurred when he was in the presence of a woman. But now, as soon as he attempted coitus (the sexual partners whom he selected being prostitutes) the erection would collapse and was replaced by the other sort, which was characterized by swelling of the glans only, the rest of the penis remaining flaccid. This form of erection, or pseudo-erection, made penetration quite impossible but did not hinder fellatio, to which he generally resorted. By this means the automatic

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[2] I know of one case in which this form of masturbation was practised from the age of two and a half right up to manhood.

[3] In her very interesting paper, read before the Thirteenth International Psycho-Analytical Congress at Lucerne, in 1934, Ruth Mack-Brunswick brought forward certain notions with regard to the phallic phase in boys which are entirely in agreement with my own. She, however, holds that the desire to penetrate does not occur until shortly before puberty, whereas I am inclined to date it earlier.

genital process was carried to its conclusion, but there was one important point about it : the ensuing ejaculation was extremely rapid, the semen being discharged continuously, in a single jet. This ejaculation took place at the exact moment at which the automatic process had run its full course, in response to excitations of a purely passive character.

In other cases as well I have noted that such purely passive genital excitations produced rapid, continuous ejaculation, with a single jet of seminal fluid, accompanied by rather weak or even slightly difficult orgasm.

I propose to cite only one out of several such cases which I have observed : it is, I think, peculiarly conclusive. In this patient ejaculation and orgasm varied with the nature of the excitations, sometimes being of the ' asthenic ' type (to use M. St. Higier's term), such as I have just described, whilst sometimes there would be normal, intermittent ejaculation. He could have the one kind of orgasm or the other : it depended on whether he remained motionless throughout the woman's caresses or whether, as he felt orgasm approaching, he made the to and fro movements which induced normal orgasm.

Now the connection between this type of ejaculatory disturbance and ejaculatio præcox is obvious. As to the latter affection Abraham's writings clearly demonstrate that it is intimately related to urethral erotism, the ' asthenic ' ejaculation being unconsciously equated with micturition. Papers by Reich, Fenichel and Ferenczi have established beyond doubt the fact that pregenital phases of the libido leave their impress upon certain disturbances of the genital function.

The influence which pregenital libidinal phases may exert over the development of the genital function and its subsequent disturbances is, in my opinion, due to one special circumstance, namely, that that influence comes into play at a period in which the aims of the genital function are essentially passive. That is to say, in this period of development the little boy's genital organs function in precisely the same way as any other erotogenic zone, such as the nipples of the female or (and this is perhaps a better illustration) the clitoris. These are organs capable, like the little boy's penis, of erection and their erotogenic function is purely passive in its aim, which is to be caressed. This, in my opinion, is the special factor which differentiates the passive from the active stage in the phallic phase. With the appearance of the latter stage the genitals assume their primacy over the extra-genital erotogenic zones.

We have just seen that the to and fro movement of the penis, i.e. the tendency to penetrate, is of great importance for the differentiation of the active and passive forms of the genital function. This fact recalls to our mind the unconscious connection between bodily movement, and especially walking, and the genital function. In a communication which I made in 1924 to the Berlin Psycho-Analytical Society I pointed out that the unconscious mind equates standing, learning to walk, the co-ordination and control of bodily movements with the active, genital function of the male.

It seems possible that as regards the active stage of the phallic phase the unconscious takes as its model the profound modification in a human being's relation to the external world which takes place when he learns to walk. We see how the little creature, as soon as he is capable of moving about and approaching various objects, ceases to be immobile and passive and becomes active. An analogous change, on a different plane, does in fact take place during the transition to the active phallic stage and, more especially, to the phase of genital primacy—a change in the child's libidinal and psychological attitude in relation to his objects.

III

It is advisable to define more precisely the place which we believe to be occupied by the passive phallic stage in the development and disturbances of the libido. The term ' passivity ', as we have used it, applies to the sexual aims natural to the genital function at this period of life. We must therefore be careful not to confuse ' passivity ' in our sense of the term with feminine passivity, which is the sense in which the word is commonly used. For the passive phallic stage occurs in boys whose attitude and sexual behaviour are none the less masculine and aggressive and who, once their development is completed, will attain normal virility. Phallic passivity, at any rate in boys, appears to be exclusively erotic in character and the behaviour of the genital zone in this respect seems to be identical with that of the erotogenic zones in general. But, secondarily, there is a certain interaction between phallic activity and passivity on the one hand and, on the other, aggressive tendencies and masochism. Thus, if aggression be repressed, the genital function will regress in the direction of passivity, now reinforced by the addition of masochism.

Abraham has pointed out the important part played by repressed sadism in the pathogenesis of ejaculatio præcox. It is this factor which accounts for that regression to the passive phallic attitude

which characterizes the genital behaviour of patients suffering from this disturbance.

In other cases, too, where urethral erotism is much less pronounced and there is therefore no predisposition to ejaculatio præcox, disturbances of potency can also be brought under the heading of regression to genital behaviour the aim of which is passive. Indeed, in the vast majority of cases of impaired potency the clinical picture is not simply that of an inhibition of normal genitality : we can discern in it also the persistance or recrudescence of passive forms of genital satisfaction.

Thus, in by far the larger number of cases, the castration complex, which is the main factor in the production of abnormalities in genital activity, appears to operate selectively, inhibiting the normal exercise of the genital function while tolerating it in its passive form.

In conclusion, I would draw your attention to one other result of the division into two distinct stages of the phallic phase in males.

The results of certain analyses suggest that fixation at the passive phallic stage may predispose the individual to a certain type of homosexuality. I refer to the passive homosexuality which is expressed exclusively in terms of genital gratification and in which no anal wish or gratification seems to have a place. The desires of this type of homosexual, who may be described as *passive*, culminate in phantasies on the following lines : his own penis, which is small, is touched by the larger penis of the man whom he loves. Obviously this phantasy has its source in the wishes characteristic of the so-called ' inverted ' or ' passive ' Œdipus complex and we shall draw the conclusion that between this form of the complex and phallic passivity a special affinity exists.

SOME ASPECTS OF TIME DIFFICULTIES AND THEIR RELATION TO MUSIC

BY

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Time can be measured exactly by clocks and sundials, but human beings can rarely measure time accurately, for the feeling of the passage of time varies in each human being, and even then is not constant but varies for each one of us with moods and events. One day of twenty-four hours may seem twice as long as another, while still another day is gone in a flash ; sometimes time cannot be measured at all.

One does not remember time during great enjoyment, either sensuous or mental ; one is temporarily beyond the limits of time and does not appreciate it at all. Also in work, one talks of being so absorbed that one forgets all about time.

When there is fear of being left alone or of losing a loved object, time tends to go quickly, and time tends also to pass quickly when there is something that must be done in time ; then one notices the passage of time much more. Dread anything stopping or finishing and time flies. On the other hand, when one is looking forward to anything time tends to drag, becomes slower and slower. Prolonged waiting, beyond endurance, leads to a certain timelessness and in extreme cases a loss of contact and a feeling of unreality. In fact, when anxiety about loss is too great there can be no real enjoyment of anything, no timelessness and absorption, nor can there be any glad anticipation, unless hope has been maintained.

Perhaps this short introduction, even at the risk of repeating what is familiar to you all may bring into focus the ideas about time that I am going to expand in the rest of this paper.

Most Child-Psychologists agree that the small child's appreciation of time differs in some respects from that of the adult ; the chief way being, that small children live more in the sensations and wants of the present and find it very hard indeed to appreciate a future. A future can only be envisaged as differing from the present by remembering at the same time a past which differs from the present. It takes time before children are able to do this. This fact then, that the present *only* is appreciated by small children, makes their idea of the passage of time quite different from that of adults.

Adults can say when they have acute tonsillitis ' the doctor says in three days it will be better ' ; this makes the present pass more quickly than it would were it not lightened by hope. The very small child, on the contrary, does often feel that the pain will go on for ever like this. Hope does, therefore, speed time of stress, but very small children lack this aid. I think it would be right to say that children can only realise hopefulness where, firstly, their primary aggression is not excessive, and secondly, they have parents who are in reality good parents, that is to say, parents who do not let hunger or pain or loneliness go on too long before giving help. For hopefulness can only be based on experience, as Miss Searle has said in a paper on the ' Patience of Little Children ' : ' Patience can be regarded as sublimated obstinacy and being a sublimation can only exist where it has some justification in reality. You cannot be patient when you have given up reasonable hope and you cannot have reasonable hope when the early eternities of years have brought no understanding '.

Time is marked for the infant by the repetition of things which gradually becomes known. At first it is only the recurrence of feeding, washing and dressing which mark the time and develop the early time sense. This is primarily based on bodily sensations of emptiness, hunger and then fullness. The first kind of time that is recognized is that ' my body feels that it is time for food '. It is only when outside time or parental time and inside time or bodily time clash that time becomes a factor of importance and stress for the baby.

In times of waiting, that is to say when the child's time and the mother's do not tally, a new repetition comes in, not a pleasant one to do with the satisfaction of physical needs, but the repetitive cries of rage on the child's part, because it is kept waiting. These repetitive cries may work up to a climax when they get completely out of the infant's control. The state of exhaustion which the child then reaches, Miss Searle has admirably described in her lecture on ' Screaming '.

When this state of exhaustion is acute and prolonged it gives the child its earliest experience of annihilation : not only the annihilation of self but of all the people around, which seems due to its rage. Time is put out of joint and all subsequent satisfaction is too late. This feeling that everything is too late is due to the bodily upset of waiting which causes the food to be indigestible, and to the anxiety state experienced which makes the food given, a thing full of danger from an angry parent.

When a child experiences this state of acute anxiety very frequently

at an early age the chief problem of his life will be how to prevent a recurrence of this state. There are various ways adopted by different children. Neurosis is often the means of preventing such a recurrence. Perhaps the most drastic way is to break all contact, make oneself independent of time by putting oneself temporarily outside of time. There is a loss of the sense of reality and of awareness of the passage of time. When this is done in a massive way dementia præcox is the result, but in states of great tension and anxiety about waiting some patients do temporarily lose contact and get a feeling of unreality and of being cut off from things and people. One of my patients, although she did this, as a defence, was frightened that one day she would go too far away, as it were, and never be able to get back. Miss Sharpe in her lecture on ' Dreams ' gave us an example of a dream revealing imminent breakdown, one in which the patient dreamt that his watch had stopped—as if shewing a retreat from reality was about to take place.

There is another way of preventing this long waiting period and that is by controlling time—outside and inside time. By the continual repetition of cries the child may try to keep its parent at its side ; or it can attempt to control inside time by phantasies of having the parents as its slaves, obedient all the time to its will so that it is never left alone and kept waiting.

The difficulty about controlling the parent's time by incessant repetitive cries on the child's part is now, even here, to avoid the climax of uncontrol which this very repetition brings about. This problem of avoiding the climax reappears in all the child's later living and especially in the later sublimations. The child who has adopted this means of drawing attention to itself as a means of controlling its parent's time and as a defence against its own aggression, often takes up an artistic career, but this is constantly hampered by the fear of repetition lest it bring about a climax of uncontrol. For success and achievement can rarely be obtained without a certain amount of repetition and a crescendo and climax of feeling being reached.

When the repetition and the reaching of a climax is too much bound up with the aggressive cries of early childhood and of their omnipotent power, all subsequent repetitions which may in any way involve a climax are inhibited.

I have said that the earliest ' time sense ' is based on bodily needs ; these are concerned not only with intake, but also with the excretory needs. Where there has been a complication in feeding time there

will also be complications at the next series of performance ' to time '—the excretory function. Here, by contrast, the child's performance in time for its mother. Next, lessons which have to be done in time and the menstrual function which also is periodic, will be complicated and anxiety ridden. Finally all sublimation which involves effort in time, repetition, and a climax—to achieve success—will be largely inhibited.

To illustrate how these time difficulties have been dealt with in music and complicated the sublimation, I will take my material from a case where time has played a large part throughout the whole of one year's analysis, therefore it is particularly illuminating. The patient is a musician—a pianist and teacher of music—the sublimation has broken down.

You will expect to hear about repetition and time because it is inseparable from music—that is why my patient chose music as her interest.

She lived her early life in a home which knew no time. Her mother's watch would never go ; there were many clocks but no two were ever the same.

Her earliest recollections are of her being in a cot for prolonged periods and hearing an extremely busy mother banging chairs and tables and pots and pans about in her hurried dusting and sweeping and cooking. Her mother had no time to spare for her ever. Her mother said she had no time to do anything, neither to enjoy herself nor to go abroad for holidays nor to carry on with her former interests—nor even to do the ordinary everyday things properly.

So when anything went wrong it was because her mother had no time. Old people thanked her mother that she gave them so much of her time ; she said she would give so-and-so half an hour and somebody else an hour, and so on.

My patient, Jill, said that her father would often complain that her mother always gave out to everyone else, but to himself and the children very little time was given.

Not only was time important to my patient, but to her mother also. So many things were a waste of time, in fact all things that Jill considered pleasurable.

Jill understood then that there was a limited supply of time, as also there was a limited supply of many other things. It was a shame to ' waste the sunshine '. She argued to herself that you could waste time if you could spend it or cause somebody else to spend it with no success at the end. Her mother gave her to understand that people

with no children could have a good time. Her mother never had a good time because she was so busy ; her hands moved so quickly that she was always cutting and hurting them one way or another, and there was frequently blood on her hands. Jill had the impression that her mother never even had time to sleep or eat. She certainly never had time to listen to her small daughter's questions or conversation and always did something else at the same time, and nearly always her time was taken up with busy domestic things which were connected with making a good deal of noise.

Jill used to wonder if she ever did have time even to give birth to her and certainly thought she had no time to feed her with ; in actual fact, she was hardly breast fed. An aunt came and looked after her and more or less devoted fourteen years of her life to her, even so, Jill was always afraid of being forgotten and left behind ; she learnt hardly anything at school because her eyes were always on the clock.

Now from the expressions I have quoted it will be seen that Jill thought of time as a substance which could be wasted and used up until there was none left—that is to say until time was exhausted. In the same way apparently people could be exhausted ; if she took up anybody's time her mother told her she exhausted them. One could take slices of people's time apparently, and her mother said that she exhausted her piano teachers, so she thought that really by repeating oneself as she did with music one could exhaust other people and she felt she had to stop quickly before a final crisis was reached of utter exhaustion of them. Repetition and exhaustion are thus again connected as we saw in the time of waiting to which I will go back later. Time was, to Jill, a substance which could be given or wasted.

She told me that directly, for she said she ' fed the music with time ' and showed thus how time was essentially equated with food for her.

I will next quote a very clear dream to corroborate this in connection with food and time. She dreamt ' there was a baby in India who had an Indian wet nurse and the mother gave the nurse so much to do that the baby was only fed once at night and the other meals were with the bottle. Then a man guest came along and there was no time left for the baby and so the nurse escaped with the baby on a coat ; but I had somehow to produce music for the guest at the mother's request, but it would not come '. So not only could Time be used up but it could be denied one and given to another, and it was when her mother was late for meals and kept her waiting for meals, especially if

she was busy about food for another person, Jill's brother most often, that my patient remembers the most terrific fits of jealousy.

From her analysis, these fits of jealousy seemed to be a repetition of the time, when as a baby she had to wait for food, when food came too late. Remember her mother had never had a sense of time.

These early periods of waiting seem, without doubt, to have been associated with seeing of the primal scene. She said her mother gave her brother the best food and gave them cold or insufficient food when he was not there. She felt so jealous and angry when the food did come at last, and then it was very often half cold, she could hardly eat it. She felt sick, hunger had gone and she had no taste. This made her feel, even after a meal, that she had had no food, found no pleasure in it, and was essentially empty still.

She once said in another connection ' My mother poisoned beauty '. I think that was partly how it was done, because she would often have stomach upsets after food taken in this way.

During the analysis after week-ends or any time of waiting she would have the ' too late feeling ' about analysis. ' Everything came too late for me ; college was too late—I was so exhausted, I felt so much hate that nothing was any good when it came. Mother kept me waiting so long, a little more or less could make no difference '. Often while waiting she would amuse herself with her fingers. Her hands moved and made shadows, two fingers danced together, pursued one another and united as one. But as the waiting continued it grew awful, and here follows her description of waiting which, I think, applies to very early times which seem first connected with the primal scene. ' It is the awfulness of being forgotten, the physical feeling and stages I went through of my hands hot and then cold and then a light-headed feeling and then an empty tummy and feeling sick. I do not know in what order, but I felt it over and over again, and thought there must be something missing in me that I was forgotten so often. There was so much noise ; I could hear them but they could not hear me ; perhaps I lost my voice sometimes '.

Her voice when she cried was always on one note, and then in waiting she would lose contact altogether and become independent of time.

She felt the end of the world would come and this was illustrated by many dreams in which if her mother did not listen to her, something catastrophic would happen. But let me go on with her description of waiting :

' My hands were in an awful state at the end ; I used to pull them about, pick off bits of skin and then eat it. I made rhythmical movements with my fingers, round and round, and it seemed to ease the pain of a tummy ache, and then I would make so many movements and felt that I would save them (parents) until after that, and if then they did not come something awful would happen to them '.

So, during these periods of waiting, two sets of noises would be going on—the banging about domestic noises (primal scene at an early date) and the repetitive noises, the crying all on one note made by herself when there was no harmony in her mother's time and hers.

She wished to put time out of joint by committing suicide, then her mother would have to take notice of her and her brother would be kept waiting for his meal.

She said once, ' I feel I would like to collect the minutes and hours that my mother kept me waiting and then give them back to her when she came in and throw them at her and show her what she had done. It seems as if the times I had been waiting were all taken out of my body by her and were dead things. If only I could lift out the waiting from inside myself '. She had tried, by vomiting a great deal in her childhood, by diarrhœa, and finally by the music She felt that the analysis from her side was a kind of vomiting and crying. Her chief fear was of any repetition—repetition of crying first, on one note, and then repetition of dreams or of putting her hat down in one place or of shutting the door every day. Repetition would ' strain my [1] patience ', ' wear me down ', ' wear me away '. She said any repetition was like complaints and would tire me and would wear me away like constant washing wears the colour out of china and as the shore is worn away by the sea, and mother says ' I had worn people out '.

One day after I had said very little she felt she must have gone too far and that I could stand her no longer and my silence felt as if I had shut myself away from her, gone away and left her.

One day after I had told her that it was really quite safe for us both for her to go ahead with the complaints, she said that it was dangerous for me to say that. ' Once I begin turning on the complaints, it may never stop ; you don't know what you are risking '. Then we had a few weeks when there was a feeling that the repetition and complaints were reaching a crisis ; that is to say, were not able to be controlled and something involuntary would happen. Here we see from the

[1] Referring to myself in the course of her analysis.

language used that repetition is no longer merely sound, but is mixed up with ideas of liquid substance-turn on the complaints—

' Repetition, of course, needs an audience, I have always done things that do ', she said.

Of course, because in that way she strove to control people's time so that they should not leave her to reach a climax when she felt that both she and the others would be involved in the end of the world.

One of the effective ways of controlling time was in the excretory functions—lavatory functions—as she called them. Here her body paid out the grown-ups for not keeping *her* time and she was unable to keep *their* time or show gratitude for what she had received by giving back things. She could not show gratitude when she had not had what she wanted ; on the contrary, it was a series of complaints she gave out, remember. ' I wanted to throw the hours and minutes back to her and shew her what she had done '. Her defæcation time wasted other people's time and exhausted another person, for as she said if you spent or caused somebody else to spend time with no success at the end, it was waste of time. There was so much conflict about defæcation that very often she spent much of her mother's or her aunt's time without any success at the end and felt she was exhausting and using up their very bodies. She was very slow and never could go at the time people wanted her to go. They would often interrupt her in the middle and she had to push it back. She became constipated. She was given numerous medicines and everyone wondered whether this or that medicine would work ; she then frequently had diarrhœa. She was afraid that the medicine either would never work *in time* or that it would work with a sudden rush and that her mother would not be able to attend to her *in time* and that she would have an accident.

Soon she made music her vehicle of expression, for cries and the fæces—solid cries—as it were. I think the bridge between defæcation and playing the piano was made apparently because of her experience of ' solid sound ' because it certainly felt as though sound were solid to her.

I am giving the following paragraph at the risk of a digression because it seems important where one has the opportunity of giving the specific experiences which have been the bridge between unconscious convictions and phobia formations. Dr. Glover has emphasized the importance of doing this where possible.

At the age of four she had severe earache for several months and

she had pads on her ears, day and night, and during the day was wheeled round in a spinal carriage for two years. When the pads were on her ears and she was in the carriage for hours at a time, she was isolated from the world. When the pads were removed, the hearing of sounds was often associated with the application of a syringe. This gave pain. Also, she frequently heard people quarrelling—her mother and aunt—when the pads were removed. Often when the pads were on there were drilling noises inside her head which hurt. Thus sound became solid. To this day noises actually gave her pain in her ears. So sound and fæces which both came from the inside were solid to Jill, and as she wanted to limit sound more than it could be done by the voice and transfer it from herself, also, as hands played an important part in the waiting periods, as you will remember, piano-playing was the obvious choice. She had to control two sets of time and the violin, the cello or singing would not have been able to fulfil these conditions. The hand play of earlier times was transformed into the piano-playing and she had to depend on no one for an accompaniment.

For the child who has a good relationship to its mother at the breast the most important psychical function of defæcation is gratitude shown for food received—giving back something ; but with the child who feels that ' mother has poisoned beauty ', for whom feelings of disharmony between her time and her mother's time was the dominant fact in the feeding period there is no gratitude ; on the contrary, there is only resentment ; so defæcation became a means of again gaining control of her parents' time, giving rise at the same time to further guilty feelings, for now it will be possible to realize her phantasies ; now also she could use her mother's time without any success, and thus waste time—another person's time—which as I said earlier on means fundamentally wasting food and using up the mother's body. But libidinal development was fundamentally strong in Jill and even during the stress of this waste of time difficulty one had hope for the future when she said ' I never thought it waste of time to use my senses, that was the one way to preserve things. Because you remember pictures and sights and feelings '.

At analysis she would always ' bring me back another picture ', as she called her memories ; or having ' raised the curtain of the past ', she would remember ' the feeling connected with another picture ', bringing as it were the dead past to life again.

To come back to the other powers, the defæcation with its difficulty and the control it gave her. Just as with her voice, she felt it had

enormous spreading power, and this was a means of extending her small self indefinitely, so that people would have to take notice.

Jill does not remember the details of her difficulties in defæcation, but as she has transferred them *in toto* on to the music, it has been possible to determine quite definitely what they were. Defæcation, as well as cries, then served the purpose of preventing people ignoring her and leaving her forgotten to wait indefinitely.

There are obvious resemblances between powers of sound and defæcation ; one is, as I have said, its spreading power—waves of sound. A dream illustrates this most clearly.

She used to have the nightmare as a child that she was snowed under by brown stuff and it got bigger and bigger and one piece divided into two until it all spread out indefinitely and pushed down everything in front of it.

Another dream was of a cactus growing very huge in pots and leaving no room for anything, ' not even for me to put my soap ' she said. And then followed—' My aunt used to keep a cactus plant and I had a baby cactus and it spread and spread itself and could not be ignored '.

A similar dream about airships coming out of a small hole and spreading and spreading shows sound and solid matter obviously mixed.

' One has immense power with sound ', she said, ' no one can stop your sound '. She was afraid of being unable to stop the defæcation when she had diarrhœa and losing all her magic power, and bleeding with it too. One talks of blocks and chunks of sound, and in listening to music it was for her like a volcano giving out solid lumps of sound.

' Listening to any orchestra is so distressing ', she said, ' because it is like a battlefield and so was the piano. And why ? Because there are two lines of sound and two hands and one lot of sound and its time is against that of the other and I have got to get them to fit in '. And we remember how the mother's and baby's time were against each other. Life seemed a continual struggle against time ; she said ' You had to fight time, to race time. The only way you made up time was in sleep. Everyone was trying to catch up time, because everyone was late. If time would only stop for a little I might get my balance '.

Let us see how the struggle took place in her music.

She dreamt frequently about music not being done to time and putting out the whole performance. She also dreamt about an orchestra playing and the fiddle had only a *small* part, but the time went wrong and put the whole thing out.

Following this dream were associations to accidents. Her earliest accidents were vomiting and defæcation out of time. She used to make up stories where she kept people waiting, where accidents happened one after the other, finally culminating in loss of time—like the climax in the waiting, you will remember.

Music was first connected with free movements, dancing, pictures and excitement ; it was warm. She used to employ two fingers on the piano, one starting at the base, the other at the treble and they met in the centre ; and they used to dance together as the hands did at another time ; and unite in battle or in an embrace ; but her mother stopped the playing with fingers and made of the music a formal thing and so it went dead and was cold and consisted of little black dots which had to be got into one's head, and then moved about in one's head and finally had to be given out in a certain time.

When she was fourteen her brother came back from the war shell shocked and could not bear the noise of music or any noise at all, so at fourteen she was starved of music and could not give out music when she wanted. She had even to study without the piano for she was constantly interrupted by her brother's appearing, when she had to finish immediately.

Her worry was whether she could take it all in in time before her mother's money gave out and give it out in time for exams.

She had to practise to time, give lessons to time, and then later force the children to take it in in time and give out in time for their exams. ' I had to keep the tunes in my head all the time for fear they would disappear '.

And then she remembered how she was interrupted at her lavatory functions ; she would want to keep it on the surface so that it should be ready to come out at any time. Music was a magic, a witchcraft which might do all the evil in the dark because no one could know what she was really doing. ' I wanted to spoil performances by losing a beat in drill or in verse. Music is like a machine, so cold and not alive, it seems to nag and drag. Music is like a lump, I want to lift it out, it is solid, one bang following another, and it is so long as it comes out. To sit facing the piano is like being in a box, it is so cold, there is nothing to look at, and other things go on around you. When I had to stop music, I could not then turn on the connections at will. The appetite for music went because my mother and brother forced me to control it so much that the edge was taken off ; what I gave out was dead and that paid them out, anyway '.

Music was once a part of the finger play during the waiting, and then later of play with dolls where ballets were danced and plays were acted and the curtain had to rise scrupulously to time.

' Music kept my hands busy at first, but people did not know what sensuous beauty I was having. I wanted to listen to music, to help the pictures ; it was timing the time the curtain went up and there was the certainty of time,—that at a certain noise the curtain would rise— '.

So we notice in play that she first played the part of the one who makes good time for her dolls when she makes the curtain rise in time by the music. So she made the performance with her music, but just as when she was a tiny child it seems that she was so jealous of her father's and mother's performance together, when she thought a climax would be reached and a baby produced, so now God was jealous of the pleasure she got and she had to placate Him. When the periods came along in their monthly rhythm of time, they were thought to be inflicted by God in vengeance ; she was afraid of God and His anger bringing about the end of the world. God tricked people; He created them and did not help them. He made them so busy with earthly things and then demanded their time and punished them for not giving it. The periods were to do with His anger and punishment of women.

For Jill music was on the one hand a kind of perpetual adoration of God, like the Nuns, for if some people could not give Him their time, then others must give Him double time. Her mother was occupied with her and the others, so Jill had to please God, give time to God by her music to stave off His vengeance from her mother. The devotions in the music were to keep off God's wrath, because ' The Almighty created man in His image and knew all about him and how to control him, but did not know about woman and her secret pleasures of touch and sight. The Saints, too, were all against women ; their beauty took the Saints away from God. The nuns tried to get rid of that beauty, of hair and form by shaving themselves and wearing dresses that hid their form. The Saints were afraid that the Almighty might be forgotten and the Crucifixion forgotten in thinking of beauty. The Crucifixion was perpetual bleeding to make men think of God '.

Again one recognizes her jealousy of her parents being together when she says that God was jealous of the hands. He wanted to hurt them when they moved in unison. Remember ' the hands moved like shadows and two fingers danced together, pursued one another and

united as one'. The piano prevented the wrath of God by keeping the hands busy. It also prevented the hate feelings and the sexual feelings from coming to a crisis. This latter crisis she thought would spontaneously give her a baby; this was the thing she most feared, so she played the piano to keep off the baby, just as formerly her noise, it is possible to deduce, was to prevent her parents making a baby. I have not dealt with the obvious inference that the piano-playing is related to early masturbation, because this as yet has only been slightly touched on in the analysis.

At first the periods were most irregular. Whenever periods were late or missed there was great anxiety with a feeling of an awful sense of failure to do things in time. Then, as with defæcation, she was afraid of their going on continuously or stopping for good, but if they stopped and did not come in time, she might have to have an operation.

But in the realm of the periods we get the first allusion to rhythm, leading us to all kinds of libidinal and love possibilities connected with repetition and music. For the Seasons are periodical, that is to say, repeated, and the recurrence of the periods gives her a bodily content and feeling of completion, which makes her feel like the seasons—rhythms that are fixed like tides.

We hear that the ballets in childhood which she played with the dolls were about the seasons. 'That Flowers and leaves are like time being uncovered'. That the early music was simply to make the colour and pictures of the ballets appear for her. We hear first of a distinction in sound then: that sound was not only hitting and overwhelming, and nailing down and cutting apart, but sometimes rhythmic like the wind. Banging noises connected with the domestic business were unrhythmic. Rhythmic sounds like the wind and the hair-dryer, for instance, were not so frightening, for rhythm is a repetition on purpose, when things are done in a definite pattern. She told me of how she used to ask her mother why she did not do the puddings in a rhythm, but her mother was too busy to take any notice.

She suddenly realized that sucking was a rhythmic action. A dream, too, brings us to the restitutional side of music. 'I had to play the piano to the children to make up for the frightening rain. Rhythm is connected with the sureness and dependability of time. The sun-dial was loved when she was a child; nothing could alter its truthful registration of time.

One day after telling me how dangerous noise seemed to her, she

suddenly said that ' When I was waiting to-day, I heard the Radio coming from a shop and it was in a good rhythm and I marched up and down and I enjoyed the music because it was connected with movement, as it used to be in childhood '.

She also remembered that there was a time when her mother would sometimes play for her to dance and then of how she would listen to the band daily at the seaside when she was in the wheeled spinal chair. She listened with immense pleasure, going from one bandstand to the other, knowing that the music would begin at a certain time and end at a certain time. She felt that they were all her slaves ; but also she felt, no doubt, as the jealous, isolated God, calmed for the time being.

She spoke, too, of how she used to accompany the sunset on the piano ; nothing could alter the time that the sun would take to set ; slowly and surely it could be depended upon. So, too, could her greatest love—the sea—it moved so slowly, so to time, especially when the waves broke in a long and lazy fashion on the shore.

Through her distinction between the feared or uncontrolled repetition and the rhythmic repetition, or repetition which is done on purpose, we can see how she was able to control and be the producer of good sounds, i.e. sounds repeated to time, and how she attempted to deal with emotional crises first expressed in crying, where repetition became mechanical and unrhythmic, divorced from the control of her personality.

This case is not yet completed and the material concerning music and time is far from exhausted, but on the basis of what I have got so far I would put forward the following tentative conclusions.

(1) That all that is most fundamental to a person's appreciation of time and rhythm originates in a pattern laid down at the breast period, when the body supplies the rhythm.

(2) That where there is gross disharmony between the child's and mother's time, a degree of aggression is aroused which influences all subsequent time relationships, first excretory, then genital and then passing on to the relationship of work and pleasure and to sublimations as a whole.

(3) That it is essential for achievement in any sublimation involving creative activity for a certain tension of repetition and climax to be reached, that this can only be borne when the restitutional element, the purposive and rhythmic repetition, dominates the uncontrolled crisis first seen in the crying of infancy.

SHORT COMMUNICATION

WHAT DO CHILDREN KNOW ABOUT THE INTERIOR OF THE BODY? [1]

It has been pointed out by Hartmann and Schilder that, as far as direct experience goes, we know nothing of the various organs inside our bodies: all that we are aware of is a heavy mass. The sensations which become part of our subjective experience relate only to the superficial regions of the body (say 1 or 2 centimetres below the surface); its openings, too, from the point of view of psychology, are close under the surface. Bodily sensation (except that of weight) is concentrated on the surface and what we know of our organs is simply intellectual knowledge—something that we have learnt. Normally, our sensations would never disclose to us the existence of heart, lungs and intestines. As we have said, our experience of our own bodies is based on visual and tactile impressions, on our perception of the weight of the body and its various parts and on the happenings within the sensitive zone close to the surface. These data, with which our consciousness (Cs.) supplies us, are of importance for psycho-analysis. They relate not only to our own but to other people's bodies and enter into every sort of libidinal relationship.

It has been proved that the castration complex embraces not only the surface and the secretions of the body but its interior as well. It is reasonable to conceive of that complex as operative in the pregenital stage of development and as comprising the wish to preserve intact the whole body, including the inside of it, and also the fear of any sort of bodily injury. The fear of parting with partially digested food, the contents of the intestine, the fæces and the intestine itself (anal-intestinal castration complex) was the moving factor in the case of schizophrenia with profound regression, described by Schilder and Sugar. One of the present writers (Schilder) holds that the fear of dismemberment is one of the most powerful factors in psychosis; and Bromberg and Schilder have drawn attention to the part played by this fear in alcoholic hallucination. According to Melanie Klein, the desire to tear out and destroy the interior of the parents' bodies is conspicuous in the psychology of little children. They themselves are afraid of being robbed of their own viscera.

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[1] A contribution from the Psychiatric Department of Bellevue Hospital, New York.

An inquiry into children's knowledge about the interior of their bodies may therefore throw light on a number of psycho-analytical problems.

We have conducted a systematic enquiry with forty children from four to thirteen years old. We did not select any younger children, partly because we wished to restrict our material and partly because of the nature of the problem, which relates to conscious material and therefore makes it essential that the children questioned should be capable of expressing themselves in words. Our first question was: 'What is the inside of your body made of?' or 'What have you got inside your body?' You see, it is not easy to formulate this first question (either in German or English), the reason being that, in general, we do not devote much interest to the interior of the body; we all direct our attention to its outer surface. Next, we pointed to the child's head and to our own and asked what was inside, and we put the same question with regard to the chest and the abdomen. Sometimes we tapped these various parts of the body, or we took up a fold of skin on the child's arm and asked what was under the skin. Sometimes we pressed the muscles of the upper arm and asked: 'What is that?' In a few cases some further questions were put.

Let us take first the answer of a boy, aged four and a half, a badly behaved child. All he knew was that there were 'bones and potatoes' in his body. A four-year-old child of a physician replied: 'Body, face, heart and stomach.'

Other answers were as follows:—

Käthi K., age six, mental age (by the Standford-Binet test) five. *Question:* What is inside you? *Answer:* Blood. *Q.* Under your skin? *A.* Blood. *Q.* What else? *A.* What I eat.

Patrick O., age six, average intelligence. *Q.* What have you got under your skin? *A.* Food. *Q.* How does it get there? *A.* I eat it. *Q.* What is inside your head? *A.* My brain. *Q.* How did it get there? *A.* God made it. *Q.* What is inside your body? *A.* Food. *Q.* And in your chest? *A.* My soul. (The soul is in the chest and the food in the stomach.)[2] *Q.* What is there under your skin? *A.* Blood and bones.

Harry B., age nine, mental age six years and ten months. *Q.* What have you got inside you? *A.* Flesh, like a skeleton. *Q.* In your head? *A.* My brain.

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[2] The English 'stomach' is used both for *Magen* [= the stomach proper] and *Bauch* [= abdomen].—*Authors' note.*

Antony C., age eight, mental age seven. *Q*. What is inside you ? *A*. Blood. *Q*. In your chest ? *A*. A lot of bread. *Q*. In your stomach ? *A*. Fish. *Q*. What is in my stomach ? *A*. Chicken. *Q*. In my head ? *A*. Your brains. *Q*. Under my skin ? *A*. Muscles. *Q*. What have we got in our chests ? *A*. A lot of water.

Alfred A., age ten, mental age seven. *Q*. What is there under your skin ? *A*. Me. *Q*. In your chest ? *A*. Tubes. *Q*. In your belly ? *A*. Bowels.

Jona D. (a negress), age seven, good average intelligence. *Q*. What have you in your chest ? *A*. Milk. *Q*. In your stomach ? *A*. Food. *Q*. In your head ? *A*. My brain. *Q*. Under your skin ? *A*. Flesh.

A seven-year-old boy, who had often been in hospital, gave quite correct answers.

Another boy of seven and a half answered as follows : *Q*. What is inside your head ? *A*. Me. *Q*. Under your skin ? *No answer*. *Q*. Under here ? *A*. Me. *Q*. In your chest ? *A*. Bones. *Q*. In your stomach ? *A*. Me. (*On the questions being repeated*) Bones.

Two sisters came for treatment on account of premature sexual development. Frances W., aged eight and a half, mental age six years and eight months. *Q*. What is inside your chest ? *A*. My heart. *Q*. In your head ? *A*. My brain. *Q*. In your belly ? *A*. Food, my stomach, sweets and ice. *Q*. Under your skin ? *A*. Muscles.— Anna W., age eleven, mental age seven years and eight months. *Q*. What have you got in your head ? *A*. My brain. *Q*. In your chest ? *A*. My heart, my lungs and my bones. *Q*. In your stomach ? *A*. Food.

Marion F., age eight, mental age eight years and eight months. *Q*. What is inside us ? *A*. What we eat. *Q*. In our chests ? *A*. I don't know. *Q*. In our heads ? *A*. Our brains. *Q*. Under our skin ? *A*. Bones.

Raminos C. (a negro), age nine, mental age ten. *Q*. What is inside you ? *A*. Flesh. *Q*. In your stomach ? *A*. Blood. *Q*. How does it get there ? *A*. When I eat. *Q*. In your head ? *A*. My brain. *Q*. In your chest ? *A*. Flesh. *Q*. What is the heart ? *A*. Flesh and blood. *Q*. What is your belly made of ? *A*. My stomach and vegetables as well. *Q*. What is under your skin ? *A*. Muscles and bones ; when you eat, you get like that.

But Thomas C., age ten, mental age eleven years and two months, gave a full description and even drew a diagram.

On the other hand, Joseph P., age twelve, whose mental age

was, however, only ten and a half, replied as follows: *Q*. What have you got inside you? *A*. I don't know. *Q*. In your chest? *A*. My heart. *Q*. In your stomach? *A*. Bones. *Q*. What have I got inside me? *A*. Flesh and fat. *Q*. What kind of flesh? *A*. What you have eaten. He knew, however, that what we eat and drink is in our stomachs.

Helene S., aged thirteen, mental age eleven years and one month, gave the following primitive type of answer: *Q*. What is there inside you? *A*. Bones. *Q*. In your chest? *A*. Food. *Q*. Under your skin? *A*. Flesh. *Q*. How does it get there? *A*. God made it of dust. *Q*. What is in your belly? *A*. My stomach.

In general, however, children of the mental age of eleven gave correct answers. That is why the majority of the cases selected were children whose real age was ten. Only six were older. With the exception of seven cases the mental age was under ten. There were only two four-year-olds and three six-year-olds. We should like to complete our enquiry with younger children.

Three children (two four-year-olds and one six-year-old) could not be questioned sufficiently exactly. One child, aged eight, had a mental age of four years and eight months. One child asserted that under his skin and inside him was himself—'me'. The behaviour of an eight-year-old boy was in other respects typical. Only six children did not know that the brain was inside the head.

Of all parts of the body the head, we may suppose, is the least 'improper'. It is one of the exposed parts and counts as a part of the face. The child's knowledge on this point is, of course, a reflection of the attitude of his elder relatives. But, generally speaking, neither the heart nor the lungs are regarded as 'improper' to speak about, and yet the only children who knew anything of these internal organs were those whose attention had been called to them by their immediate surroundings (physician, hospital, etc.). Normal adults do not as a rule pay any attention even to those internal organs which are entirely inoffensive.

The typical answer of younger children, when asked what was inside the body, was that it contained the food recently eaten. When we receive this answer, it strikes us as at once surprising and self-evident. It is the child's direct experience. Otherwise, he knows little or nothing about the interior of the body, but he does know what it is to convey food into it—an important libidinal act to the child-mind. He pictures even his chest as filled with bread, milk or

meat. Later on, he thinks of the food as being simply the contents of the abdomen. Even if he has heard of the stomach, it is unimportant in comparison with its contents. If he knows anything at all about his muscles and flesh, he believes that they make their appearance under his skin as the direct result of the food he eats. The statement that there are bones and blood inside the body ranks second in the children's typical answers.

We may feel somewhat suspicious of answers to direct questions. In every language the terms used for the bowels have a rather vulgar flavour. Perhaps children know more than they say and simply do not say it because it seems to them unsuitable. That is the sort of thing with which we are familiar in child-psychology. We often noticed with these very children that, if they were questioned about the difference between the sexes, they either could not or would not say anything about the organs of sex. They would say: 'Boys wear suits and girls dresses' or 'Boys wear trousers and girls skirts.' If we showed them an undressed doll (which of course was without sexual organs), they would say: 'It is a girl.' If we gave it a penis made of modelling wax, by far the majority of the children exhibited a delighted comprehension and said: 'Now it is a boy.' Many of the prohibitions society imposes have reference to words, and children will speak out, if they can do so without using forbidden words. Moreover, by modelling the penis, the adult made it clear that the child had nothing to be afraid of if he showed that he understood. So we must bear in mind the possibility that the younger children's typical answer: 'There is food inside the body' does not represent the complete expression of what they believe or know, but is partly their response to the particular question put and the situation in which they find themselves. But, even so, the answer is noteworthy: it indicates the concrete nature of childish thinking. The body has inside it what one puts into it; the food taken enters directly into its structure. When adults shut their eyes, they perceive the body simply as a heavy mass—an experience suggesting the morula stage of embryonic evolution, whereas the child's picture of the interior of the body corresponds rather to the gastrula stage. Perhaps there is more in this comparison than a mere play on words. When we think of the form of the organism, we can really imagine only a few main types. It is either solid or hollow, and the purpose of the cavities in it is to receive something. We may draw a further comparison: there is a similarity between the children's answers and the experiences of certain melan-

cholics.[3] They describe themselves as a kind of tubular bag, which simply receives everything put into it. Schilder and Sugar quote a certain patient who said that people took away his food, his bowels and his fæces, a complaint which becomes more comprehensible when we compare it with what the children said. When Melanie Klein ascribes to children a tendency to tear out the insides of their parents' bodies, it becomes more intelligible if we bear in mind the fact that food and bowels may be very much the same thing to the child's mind. In conclusion, there is yet another inference which may be drawn from these records of ours. As I mentioned, two of the children said that *they themselves* were under their skin and inside their bodies. Now it is one of the paradoxes of our bodily experience that our sensations relate to the surface of the body and yet we do not regard this as our body proper. The skin can be removed from the deeper tissues. We are inside our skins and know nothing directly of the interior of our bodies. Thus bodily experience, apparently so constant a phenomenon, melts away. In German and in English alike there are phrases which suggest that—psychologically—we can strip off our skin: '*Wir fahren aus der Haut*' = 'We jump out of our skins.' Quite recently I had the opportunity of observing a case which was instructive in this connection. The patient, a girl of fifteen, suffered from a severe form of chorea, which proved fatal. She complained that her hands and feet were paralysed and said that, if only her skin would peel off, she would be all right again. Her hair and teeth were not part of her. She maintained that an artificial rubber skin had been put over her real skin. Other people as well, she said, wore masks, were 'made up' and looked unnatural. Everything, including her skin, was dirty. Abnormal sensations, evidently due to organic causes and possibly congenital, led her to deny the reality of her own skin; this gave her the sense that both she herself and other people were unreal.

It seems, then, that sometimes we think of our skin as our most intimate possession (cf. the phrases 'to save one's skin', i.e. life; '*eine gute Haut sein*' = to be a good fellow), while sometimes it is merely the envelope of our true self and of what is inside us. But in the deep, infantile strata of our minds we are not perfectly certain whether there *is* anything inside us except what is crammed into us from outside.

Paul Schilder and David Wechsler.
(New York.)

[3] Schilder: *Psychoanalytische Psychiatrie.* Internationaler Psychoanalytischer Verlag, Wien, 1925.

ABSTRACTS

General

Theodor Reik. 'Das junge Mädchen und die alte Dame.' *Psychoanalytische Bewegung*, 1933, Jg. V, S. 513–519.

Reik analyses the tragic elements of a joke: The disappointment of a 'flapper' who had carefully prepared herself to be photographed on the beach and saw to her surprise that the photograph taken was not hers, but that of an old lady whom she had overlooked. The old lady and the young girl represent different aspects of the same person.

Melitta Schmideberg.

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Oskar Pfister. 'Neutestamentliche Seelsorge und psychoanalytische Therapie.' *Imago*, 1934, Bd. XX, S. 425–443.

New Testament ministration (Seelsorge) attempts to deal with conscious anxiety and guilt, psycho-analytic therapy with unconscious. In both cases suffering appears as a punishment for disobeying the command of an authority feared as severe (New Testament, God; Psychoanalysis, conscience or super-ego). In the New Testament sin and illness are fundamentally due to possession by demons. Freud sees the essential cause of illness in the id, which, like the demon, is spiritual or psychic, independent of consciousness. The New Testament and Psychoanalysis both replace an implacably severe commanding and punishing instance by a milder, benevolent supreme authority. This sublimation involves a regression from the severe parent imagos of the period of training to the benevolent ones of the premoral phase. In both New Testament and Psycho-Analysis the positive transference plays a decisive rôle, in that the mediator (analyst) is recognized on the one hand as the authoritative representative of the highest instance (God, ego-ideal), on the other hand as the representative of mankind.

The main differences are in primary aim, point of view, method of treatment, and topography. These differences do not imply contradictions, but the two tasks must not be mixed together. One cannot analyse and moralize at the same time; but neither must one analyse and 'immoralize' i.e., be negatively dogmatic. The New Testament contains so much psychological and psychotherapeutic knowledge that it shows presumption and ignorance to represent all religion simply as the product of wish-thinking.

W. H. Gillespie.

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Sándor Ferenczi. 'Gedanken über das Trauma.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 5–12.

. I. The psychology of shock. Shock always comes unexpectedly. It must have been preceded by a sense of security, which in the result proves to have been misplaced. The immediate consequence of every trauma is anxiety, which consists in the sense of one's inability to cope with a painful situation by the usual means (removal of the stimulus, flight into phantasy). There remains only the outlet of self-destruction. The part of the self most easily destroyed is consciousness. In this way there comes about a psychic *disorientation*, which helps (1) as outlet (substitute self-destruction). (2) by elimination of further perception of the disturbance ; (3) by reconstructing the fragments in the sense of a wish-fulfilment.

II. Revision of the theory of dreams. All dreams are attempts, more or less successful, to bring traumatic experiences to a more successful outcome than was possible at the time (traumatolytic function). The day-residues (and life-residues) are unconscious psychic impressions which have never been adequately dealt with and avail themselves of the wish-fulfilling capacities of the dream to this end.

Clinical dream-material is adduced to show that the deeper the state of unconsciousness, the better the prospect of arriving at a repetition of the trauma, which has left no memory traces behind, even in the unconscious, and must therefore be repeated and brought to perception and motor-discharge *for the first time* under more favourable conditions. The technical device to attain this end is the induction of a state of deep trance.

III. The trauma in the relaxation technique. The necessity of imposing some limit on the freedom of the patient, combined with the extent of the freedom which he has actually been allowed, causes him to reproduce the original traumatic condition. In the trance-state, the patient's sole link with the external world is the person of the analyst, who tirelessly urges him, in the very midst of his affects, to accomplish the necessary intellectual work. Success is made possible by the fact that in the new struggle with the trauma the patient is not alone.

H. Mayor.

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Paul Federn. ' Die Ichbesetzung bei den Fehlleistungen.' *Imago*, 1933, Bd. XIX, S. 312–338, 433–453.

The word 'ego ' has had a long and chequered history. To theologians it was the soul—a homunculus within the man—a concept which Roheim has exposed as an introjected phallus, but which still survives, in a vaguer form, in the writings of metaphysicians and even of psychologists. Meanwhile, Hume and his followers identified it, more usefully, with the stream of consciousness, that is, with the impressions, ideas and feelings that compose a mental life. To metapsycho-analysts like Federn, however, the word has both a wider and narrower scope. According to their usage, part of the ego is unconscious and part of consciousness is outside the ego. It

forms that section of the psychic realm (conscious, preconscious and unconscious) which we feel we own, or, to adopt a circular definition, that part which is characterized by ' ego-feeling '. This means, I think, that it includes thoughts and affects and bodily sensations—except those which it projects (or which belong to the id or the super-ego), and excludes external perceptions—except those which it introjects (i.e. as parts of the ego, not of the super-ego).

The normal ego accepts ideas and affects as they emerge by association from the Preconscious or the Unconscious. In Federn's terminology, they are cathected with ego-feeling and become parts of the ego boundary. This ego boundary is constantly changing ; the cathected ideas that form it at one instant determine those that form it at the next.

The psychotic ego, on the other hand, does not accept some of the ideas and affects that emerge. It barricades itself against them. They are not cathected with ego-feeling, do not become part of the ego boundary, and thus seem to proceed from the external world—which, I suppose, is another way of saying that they are projected.

Similarly, many of the ideas and affects that emerge in dreams seem to come from without, because they make no connexion with the ego and do not become parts of the ego boundary.

Now, according to Federn, the barricading of the ego against ideas, which occurs in psychoses and in dreams, is a necessary, though not a sufficient, condition for all slips. Every slip involves a little psychosis, a temporary disturbance of the ego. A slip expresses an unconscious impulse ; but it could not occur if an ego boundary with a complete cathexis was available for the right word or action. The ego disturbance may be of various kinds. We speak of ' distraction ' when different ego boundaries are cathected at the same time ; of ' lack of concentration ' when different objects make simultaneous demands on the ego boundaries ; of ' absent-mindedness ' when the ego loiters with an object that disturbs the further train of thought ; of ' being in a dream ' when this disturbing object is a pure fantasy ; and of ' being lost ' when such a fantasy loses itself in the unconscious. Opportunities for forgetting (misplacing, mistaking and confounding are special cases of forgetting) occur whenever the ego remains behind, or hurries ahead of, the object representative ; and opportunities for *lapsus linguæ* (miswriting, mishearing and misreading are analogous) when several ego boundaries are simultaneously stimulated by it.

R. Money-Kyrle.

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Karin Stephen. ' Introjection and Projection : Guilt and Rage.' *British Journal of Medical Psychology*, 1934, Vol. XIV, pp. 316–331.

This paper deals with the development of the sense of reality in the

light of the additions to the understanding of infantile experience which psycho-analysis owes to Mrs. Klein, Miss Searl and others who have carried out analyses on young children.

Psycho-analysis is familiar with the idea that, originally, the child's pictures of itself and of the outside world are built up by processes of introjection and projection so that, at first, they are highly fantastic and bear little resemblance to anything that does or could exist in actual fact. It has also long been recognized that many psychotic delusions and many neurotic symptoms which have reference to the inside of the body and its contents have their origin in the confusion between what is internal and what is external dating from this early stage of the development of the sense of reality which has never been outgrown and still persists in the unconscious. This paper begins with a short review of some typical clinical material taken from the symptoms of psychotic and neurotic patients which spring from fantasies about the contents of the body to which magical powers for good or evil are being attributed by the patient. The various ways in which the patient may attempt to deal with the danger arising from these ' internal objects ', in so far as they are believed to be evil or poisonous or uncontrollable, are described.

The patient's belief in these ' internal objects ' and his various ways of dealing with them are explained as survivals of the infantile relation to reality which belongs to a time when no sharp distinction between internal and external, self and not-self, has as yet been achieved.

An attempt is made to reconstruct what this infantile experience must be like, illustrating how it must feel to the child from the dreams of adult patients which seem to be regressions to a state somewhat resembling that of the baby at the time of teething.

It is suggested that this early experience must consist of borderline objects, situated somewhere between the self and the not-self, to which, in so far as they are felt to be bad, the child originally, and later the patient's Unconscious, reacts with an emotion which can be regarded, now as fear and rage, in so far as the object is felt to be not-self, now again with guilt, in so far as it is regarded as the self, but which is really neither the one nor the other but combines all three since it actually ante-dates the distinction between self and not-self on which a corresponding distinction between rage and fear on the one hand, and guilt on the other, would have to be based.

The contrasting emotional altitude of rage and fear or of guilt are thus treated as being different aspects of the child's reaction to a single original borderline external-internal object which is its first reality.

The development of the sense of reality which belongs to normal growing up is regarded as consisting in the increasing capacity to disen-

tangle the self from the not-self, that is to split up this original borderline experience into internal and external reality.

Author's Abstract.

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Otto Fenichel. 'Zur Psychologie der Langeweile'. *Imago*, 1934, Bd. XX, S. 270–281.

Fenichel thinks that many different situations are covered by the word boredom. He considers that boredom is characterized by an urge to activity, accompanied by an inhibition of activity and that this contradiction is at the core of the problem. In pathological boredom there is an instinctual tension of which the aim has been repressed; this means that when the bored person turns to other people to help him to find distraction, he is also seeking their aid in maintaining his repression. Restlessness is akin to boredom, but in boredom energy is tonically bound while in restlessness it is clonically bound.

In considering the connexion between monotony and boredom, Fenichel points out that a monotonous stimulus may be boring or irritating, act as a soporific or excite to ecstasy (as in primitive dancing). In analysis one finds that a monotonous stimulus will cause anxiety if it reminds the patient of the primal scene. The child who has once experienced the primal scene is in the same state of tension, desire and frustration, as is the adult suffering from boredom; on the one hand he demands the repetition of the scene and on the other, to be helped to forget about it. Boredom may therefore be looked upon as an intense excitement which has disappeared. It is akin to depersonalization.

Fenichel illustrates a part of the above with case material which shows, as it were in statu nascendi, how an active libidinal aim is turned to its passive counterpart. The patient hoped, that if something were done to him, he might find relief from the tension, which he did not dare relieve by active means.

Boredom is not only related to restlessness and depersonalization, it is also akin to depression and perhaps depression and narcissistic requirements play a leading part in it. Its oral quality is further shown in the relief looked for in eating, drinking and smoking. Its connexion with a dislike of being alone, points to a fear of onanism, as one determinant. Normal boredom is built up on the same pattern as pathological boredom, and the dull person is the person whose lack of libido disappoints the expectations of his companions. The German word for boredom (*Langeweile*) shows it connexion with the slowness of time where satisfaction is lacking and also to a sexualization of time.

Fenichel notes two principal types of boredom. The one is the type of the man who is blasé and cannot enjoy himself, and the other is the type of the man who is only bored during leisure.

I. F. Grant Duff.

Paul Schilder. 'Space, Time and Perception.' *Psyche*, 1934, XIV, pp. 124–138.

An interesting but condensed study of the relation of perception to movement and emotion. 'This world is a world in which we have to act, and our perceptions generally and our perception of space and time especially, are dependent on motor factors deeply embedded in our organization and the emotional and libidinous factors which are a no less important part of this organization'. Thus speed becomes the expression of repressed sadistic tendencies and a patient would see the analyst as it were in the far distance, when his attitude to the analyst became negative. Or again a patient may seek escape from his aggressiveness by experiencing the present as if it were the past, just as in other cases he may experience it as unreal. Various disorders of spatial perception may depend upon disturbances of the vestibular apparatus or upon the muscle tonus of the body, these tonic attitudes of the body being at bottom in some cases 'attitudes of the individual towards the world'.

J. C. Flugel.

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E. Mapother. 'Tough or Tender. A Plea for a Nominalism in Psychiatry.' *Proceedings Royal Society of Medicine*, October, 1934, *Section of Psychiatry*, pp. 27–52.

Dr. Mapother opens his presidential address by a reference to Darwin as the originator of scientific thought in biology and urges that in a centenary spirit those principles which he formulated should be applied to framing a science of conduct and consciousness of man, based upon nominalism and not upon animism. The former he equates with the 'tough mindedness' of William James and the extraversion of Jung, and considers this approach scientific. The latter he equates with 'tender mindedness' and with introversion and considers idealistic.

Psycho-analysis is attacked throughout the paper as unscientific: 'science aims at the power of prevision based upon quantitative knowledge'. It is based upon psycho-physical parallelism, which form of dualism has now been almost universally abandoned.

Dr. Mapother allows that the contribution of the psycho-analytic school does not lack records of observational data, but controverts this by insisting that the observations must be publicly made, and that they are invalidated by the intrusions of the analyst's preconceptions. He regards Freud as a poet who 'sees not deep but wide' and whose 'study is that of emotion recollected in tranquillity'.

D. N. Hardcastle.

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A. M. Hocart. 'The Rôle of Consciousness in Evolution.' *Psyche*, 1934, Vol. XIV, pp. 160–164.

Consciousness has biological value in virtue of its superior power of adapting the organism to new situations. It is thus the spearhead of evolution. There are unconscious processes in the organism but it is undesirable to speak of unconscious *mental* processes. Biology should study such accessible phenomena that are presented by present-day human society and the conscious minds of living individuals rather than devote its attention to objects that are inaccessible or remote in space or time.

J. C. Flugel.

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CLINICAL

Karl Dreyfus. 'Der Fall Wieland.' *Internat. Zeitschrift für Psychoanalyse*, 1934, Vol. XX, pp. 210–240.

The morbid history of a case in which the disease probably developed in connexion with a cerebral injury, is given to show how far apparently purely organic symptoms are determined by psychic mechanisms, and how far they can be changed by means of psychotherapy. The patient, aged 37, was admitted to the Heidelberg Clinic of Psychiatry after attempting to murder his mother-in-law. The prosecution was dropped because he was thought to be suffering from narcolepsy. The history, which is given in detail, showed that the patient was healthy until he was severely wounded by the explosion of a shell during the war. He recovered sufficiently to return to military service but thereafter suffered from occasional fits during which he lost consciousness, and attacked his fellow soldiers. These fits had not been recognized as such until the last one, which brought him into conflict with the law. He had never had any epileptic convulsions. The treatment at the clinic was conducted on the lines of the cathartic method (hypnosis): the various events of the past as they were known from his history were given as hypnotic suggestions. A suggestion of one of his "fits" produced important material which drew the attention to one particular event, namely, his taking part in a military offensive operation. When this attack was mentioned he again went through the experiences of this offensive with the whole gamut of its emotions of aggression and fear of death. The narcoleptic states, which were always combined with aggressive attitudes, let him repeat the situation of that offensive and seemed to act as a spontaneous catharsis owing to the particular level of consciousness in these fits, which allowed the patient to discharge his emotional tension. 'We dare say, although it is difficult to prove, that a deeper regression would have been produced if the aggression had been more deeply repressed than was actually the case. Motor fits would probably have been the result instead of these bad tempers, absences, and narcoleptic states.' W.'s early infantile character formation

and the educational influences later on made him liable to succumb to traumas. His passive-feminine readiness of subordination to the whole set of ' fathers ', brother, master, officers, started here. ' We now understand, that the traumatic situation—attack and wounding—had to lead to the neurotic disease because those repressed emotions provoked an enormous strengthening of an old, well-repressed material of similar structure : Œdipus wishes and anxiety of castration. . . . The narcoleptic states partly relieve the impulsive tension, on the other hand they are compulsorily repeated because the infantile impulses do not find an adequate discharge in the spontaneous outbreaks.'

In summing up the author describes the reactions of this epileptic in analytical terms. The account follows closely Freud's scheme given in *The Ego and the Id.* With regard to the result of treatment, the author claims no more than to have restored the balance between the repressed and repressing forces which does not exclude the possibility of a relapse into the disease.

H. A. Thorner.

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Hellmuth Kaiser. ' Probleme der Technik.' *Internationale Zeitschrift für Psychoanalyse,* 1934, Bd. XX, S. 490–522.

This rather lengthy, but simply written paper can almost be condensed into four words : ' never interpret repressed material '. The analyst can adopt one of three procedures : (1) Direct interpretation of repressed material. The therapeutic effect is practically nil. (2) Indirect interpretation of repressed material (Andeutungsverfahren). This consists in handling the patient's associations in such a way that he himself may find his way to the repressed impulses, and if he does, it will give him additional pleasure, since he will be able to pride himself on his acumen. (3) Consistent (konsequent) analysis of resistances. This method alone brings about the genuine instinctual discharge (echten Triebdurchbruch) which constitutes the essential therapeutic factor. When this occurs, it is not for the analyst to explain the content which there finds expression, since there is no longer anything to explain, but to bring before his patient once more and explain the operation of the resistances which were opposed to the particular break through. It is one thing to make repressed material conscious, and another to focus the patient's attention on the preconscious resistances (resistance-thoughts—Widerstandsgedanken) which are withdrawn from it. Interpretation of content could only be justified theoretically in those extremely rare cases where it would lead to a lightning-clear view of the resistance-thoughts. Otherwise, except where it leaves the patient indifferent, it is positively harmful, since it creates a special form of resistance, which although not insuperable, is more difficult still to overcome. The affective reactions evoked by this procedure are most

often to be attributed rather to suggestion (transference-success) than to a resolution of resistances.

The author lays no claim to finality.

H. Mayor.

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Ludwig Eidelberg. 'Zur Erniedrigung des Liebesobjekts.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 549–552.

The author quotes by way of illustration the cases of two patients, who could only obtain genital gratification under conditions which successfully concealed the feminine identification accompanying and underlying this. The first case, a 'masochist', was potent with prostitutes, but avoided intercourse with girls of his own sort. The lowly and degraded position of the former protected him against this passive-feminine identification. The second case, an 'ambivalent character', showed a tendency to depreciate women similarly designed to prevent identification with them. In both cases, there was a relatively successful relationship with an older woman, who proved to be a *father*-substitute. Here intercourse was at the same time a gratification of the patient's feminine wishes and (since in reality the patient took the masculine rôle and his object was a woman) a defence against them.

H. Mayor.

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Moses Barinbaum. 'A Contribution to the Problem of Psycho-physical Relations with special reference to Dermatology.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, pp. 241–251.

The author pleads for a greater interest on the part of psycho-analysts in the psycho-physical borderland, and claims that the skin is a territory favourable for the exploration of physical changes related to emotional conflict. The clinical material that he cites in proof of such a relationship chiefly consists of cases of chronic eczema.

Some attempt is made to deal with the theory of skin changes in hysteria, along the following lines: . . . If one seeks the cause of repression one at last always comes across the outer world which is hostile to instinct. The skin, an organ that lies on the periphery of the body, forms a boundary between it and this frustrating and therefore hostile outer world. Aggression which is directed against this outer world and which can find no discharge, appears as an inwardly directed destructive instinct. We see it in the pathological-anatomical changes which we can in very many cases speak of as an expression of the destructive urge. Perhaps we are generally right in seeing in the skin a primitive, archaic organ of expression. . . .

D. W. Winnicott.

Ludwig Eidelberg. 'Beiträge zum Studium des Masochismus.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, p. 336.

The following is the author's summary: 'A thirty-year-old patient with a masochistic perversion meets with various slights from his business superiors: his work is monotonous, his capabilities are not utilized. All this the patient suffers patiently and offers no defence. He is conscious that it is a question of putting up with it. He knows that other men lead a different and a happy life. In the analysis it is possible to shew the patient that this ill-fortune does not, as he asserts, proceed from his environment without any contribution on his own part, but that he has himself provoked it by his own behaviour. He only enjoys self-created misfortune; every other type he carefully avoids. This mechanism which I call the "*masochistic mechanism*" allows the patient to render harmless deprivations proceeding from the environment, in that he creates them actively instead of enduring them passively. When this mechanism has become conscious and when it has been worked through for some long time it loses its effect. Self-created discomfitures can only be substituted for the real as long as they appear real to the patient's conscious mind. This "*masochistic mechanism*" *belongs metapsychologically to such already familiar mechanisms as projection, introjection, repression and reaction formation.* Whether all or only some masochists shew it can only be decided on the evidence of analysis of numerous cases.'

'Four technical problems were brought forward as important for these cases: the significance of discussion,' (i.e. first asking for the surrender of reason or of critical judgment in order to gain unconscious material, then when this material threatens to be overwhelming calling for the application of reason to the problem) 'the failure of the masochistic satisfaction, the overthrow of megalomania through the attitude of the analyst' (i.e. towards intense provocation on the part of the patient issuing from his feeling of omnipotence to create a masochistic situation for himself), 'and the overcoming of the negative therapeutic reaction.'

Nina Searl.

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Heinrich Meng. 'Das Problem der Organpsychose. Zur seelischen Behandlung organisch Kranker.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 439–458.

The paper discusses in the light of clinical material the nature and implications of the concept formulated by the author of an 'organpsychosis'. The primary disturbance in the ego accompanying psychosis involves a loss of the external world. In so far as the body constitutes a part of the 'external world', organic disturbances may follow as a secondary consequence of the ego-disorder; but since the body likewise belongs to and contains the ego, they may also represent primary manifestations

of the body-ego-disorder expressed in relation to the body which is the seat of this. We may assume the presence of a psychotic disturbance with a greater measure of probability if the function involved has undergone essential qualitative, as well as quantitative changes.

Psycho-analytic treatment cures by influencing cathexes. As the basis of the views here expressed, as of those of Ferenczi germane to this subject, is the conception that permanent abnormal, or temporary excessive cathexes can cause the organ or system affected by them to become diseased. It is difficult to decide how far regression may be the cause or result of organic disease. We may suppose that pathological alterations of cathexis can not only lead to disturbances of function, but may also cause injuries to organ-substance.

H. Mayor.

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Helene Deutsch. ' Über einer Typus des Pseudoaffektivität (" Als ob ").' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, p. 323.

The patients whom Dr. Helene Deutsch calls ' as if ' people have an apparently normal attitude to life. They shew to ordinary observation—and themselves feel—no lack in their affective life. They are intellectually and artistically gifted and productive though without any trace of originality. They very readily identify with and adapt to other people while in their company, are both passive and plastic to their environment ; and hence lack both true personality and character. Prolonged or more acute observation leaves the impression that there is something strange, something not quite as it should be about these people. They feel and act ' as if ' they were another person, with close mental mimicry, giving an apparently good adaptation to the reality world in spite of faulty affective object relation. In this they are distinguishable from the hysteric whose object relations precede identification. They probably account for many criminal actions carried out by persons quite without criminal tendencies, their passive and automatic identifications giving a high rate of suggestibility. Two case histories support the impression of an inner schizophrenic structure despite the practically successful restitution processes. The ' as if ' person or phase differs from the melancholic by the position of both object and super-ego in the outer world and by identification with them there, achieving freedom from conflict as well as a relation to reality by impoverishment which cannot be called psychotic, however near to it in inner structure. The restitution process of the schizophrenic creates a delusional instead of the ' as if real ' world of the patients described. Material from two schizophrenic patients suggests that schizophrenics pass through an ' as if ' phase before the delusional formation. The distinction between ' as if ' and narcissistic people lies in the former's imitation of affect instead of the latter's freedom from affect as an advan-

tage, giving narcissistic satisfaction. Depersonalization seems to be always accompanied by increased self-observation and corresponding emphasis on the defect compared with the ' as if ' person's lack of awareness.

With regard to therapeutics, Dr. Deutsch says the effect of the analytical process is almost zero, though the practical result can be very far-reaching through active use of the patient's strong identification with the analyst.

Nina Searl.

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Otto Fenichel. ' Über Augstabwehr, insbesondere durch Libidinisierung.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 476–489.

The paper discusses libidinization as a means of defence against anxiety, and contains case-material illustrating the operation of the mechanism and its significance for mental life. It also contains a warning, apparently necessitated by formulations of Eidelberg, Glover, Jones, etc., against the danger of regarding defence against anxiety as the main function of the libido to the neglect of primary biological aspects.

H. Mayor.

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Emil Simonson. ' Erfolgreiche Behandlung einer schweren, multiplen Konversionshysterie durch Katharsis.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 531–542.

The author gives an interesting account of the treatment, largely successful, of a middle-aged proletarian woman with severe conversion symptoms, and concludes that treatment by catharsis combined with the utilization of the knowledge and insight derived from the experiences of psycho-analysis can achieve more, where it is applicable, than the original cathartic method of Breuer and Freud.

H. Mayor.

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Yrjö Kulovesi. ' Ein Beitrag zur Psychoanalyse des epileptischen Anfalls.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 542–549.

Observations made on a boy of ten and analytic treatment of a girl of twenty-two showed that the epileptic attacks from which they suffered expressed unconscious phantasies of anal coitus, death wishes and the punishment for these.

H. Mayor.

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Elsa Fuchs. ' Zur Psychoanalyse des Stotterns.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, p. 375.

An interesting case-history of a twenty-one-year-old stutterer, a lame

youth whose unsatisfactory home circumstances militated against complete cure. At three years old a girl cousin playing with him trod on a percussion cap. Terrified by the explosion the child at first could not speak at all, and subsequently only with a stutter. The anal basis for the symptom was provided by the variations in attitude of the mother, an extremely and openly anal character, to the little boy's anal misdemeanours. She laughed and joked about them before visitors, but subsequently punished him severely. The patient's later history confirmed to the analyst the importance of the anal factor in stuttering, as well as in the seductions experienced, linked with a sense of inferiority, from which the patient sought refuge in a power to torment his listeners (anal sadism). In recognizing oral and respiratory erotic components of the anal erotism displaced on to the mouth, Dr. Fuchs does not mention oral screaming sadism.

Nina Searl.

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Henri Flournoy. 'Chief Steps in the History of Psychotherapy.' *Psyche*, 1934, vol. XIV, pp. 139–159.

A very clear and readable account of the main features of the development of psychotherapy from Mesmer and Pinel to the present day, together with a glimpse at 'the precursors of psychotherapy from ancient times', among whom Soranus is rated highly. 'Soranus lived in the second century of the Christian era. From him to Pinel there is a long period of 1600 years which we can leap over with a giant's step—a period of arrest, or rather of retrogression.'

J. C. Flugel.

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Dreams

Eduard Hitschmann. 'Beiträge zu einer Psychopathologie des Traumes.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 459–475.

Character or illness may find expression in the repetition of certain dreams, in their frequency or in the comparison of later with earlier dreams. The frequent recurrence of some typical dreams, such as those of nakedness, fear of blushing and examinations is characteristic of impotence or frigidity. Dreams of the death of near relatives are characteristic of an obsessional character or neurosis as also of some phobias. This justifies an inquiry as to whether the patient has had a repetition of similar dreams since childhood. These observations the author substantiates by dreams and series of dreams from the same patients. Careful observation of this kind may assist in prognosis, in the actual state of the treatment and in estimating the question of leaving off treatment.

This psychopathology of the dream relates especially to the manifest content and does not, of course, absolve one from the analysis of the dream

nor does it pretend to throw any fresh light on the psychology of the dream, but it may have a particular value in many cases of neurosis.

M. D. Eder.

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Ludwig Jekels and Edmund Bergler. 'Instinct-duality in the Dream.' *Imago*, 1934, Bd. XX, S. 393–410.

In sleep the death instinct is manifested by withdrawal of the organism from reality and slowing of all physiological activity.

Coincidently the libidinal drive is represented by the process of physiological recovery and the expression of infantile sexual wishes in dreams.

Wish fulfilment dreams give evidence of both instinctual drives. Libido attempts to gratify the wish. Death instinct accuses ego of not attaining the conduct level of the ego ideal, and thus arouses guilt feeling. In conflict round this point death instinct and libido each seek to apropriate the narcissistic energy investing the ego ideal.

Merell Middlemore.

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APPLIED

Melanie Klein. 'On Criminality.' *British Journal of Medical Psychology*, 1934, Vol. XIV, pp. 312–315.

It is not (as is usually supposed) the weakness or lack of a super-ego but the overpowering strictness of the super-ego, which is responsible for the characteristic behaviour of asocial and criminal persons. The small child first harbours against its parents aggressive impulses and phantasies, it then projects these on to them and thus it comes about that it develops a fantastic and distorted picture of the people around it. But the mechanism of introjection operates at the same time, so that these unreal imagos become internalized, with the result that the child feels itself to be ruled by fantastically dangerous and cruel parents—the super-ego within itself. The child protects himself against fear of his violent objects, both introjected and external, by redoubling his attacks upon them in his imagination. A vicious circle is set up, the child's anxiety impels it to destroy its objects, this leads to an increase of its own anxiety, and this once again urges it on against its objects; this vicious circle constitutes the psychological mechanism which seems to be at the bottom of asocial and criminal tendencies in the individual. The love which is always present behind the hate may itself lead to an increase of aggression because the remorse and sorrow it evokes may be too unbearable. As soon as the child's sadism diminishes and the character and function of its super-ego changes so that it arouses less anxiety and more sense of guilt, those defensive mechanisms which form the basis of a moral and ethical attitude are activated, and the child begins to have consideration for its objects, and to be amenable to social feelings. But in those cases in which, as a

result of a strong sadism and an overwhelming anxiety, the vicious circle between hatred, anxiety and destructive tendencies cannot be broken, the individual remains under the stress of the early anxiety situations and retains the defensive mechanisms belonging to that early stage. If then fear of the super-ego, either for external or for intrapsychic reasons, oversteps certain bounds, the individual may be compelled to destroy people and this compulsion may form the basis for the development either of a criminal type of behaviour or of a psychosis. It seems, therefore, that the best remedy against delinquency would be to analyse children who show signs of abnormality in the one direction or the other.

Merell Middlemore.

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Helene Deutsch. Don Quijote und Donquijotismus.' *Imago*, 1934, Bd. XX, S. 444–449.

The elderly Don Quixote, humbled by disappointment in love, withdrew from life and gradually lost his real personality. Giving up the real object was accompanied by repression of all instinctive activities, and the withdrawal of cathexis resulted in narcissism and a return to the infantile past. He could now feel he possessed all the qualities his ego-ideal demanded. Reality testing being thus interfered with, the era of chivalry and even the world of magic became for him the present world.

Sancho Panza represents a split-off part of Don Quixote, forming a bridge to reality. He believes in that part of the delusion which promises to bring him real advantage.

' Don Quixotists ' see in Don Quixote a hero striving for the fulfilment of his ideal. This eternal Don Quixotism of the human soul is especially developed in poets, artists and fanatics.

For those adapted to reality, Don Quixote represents a depreciation by caricature of the past, both historical and individual. Don Quixote is a caricature of the father at the time when he forced asceticism on the child, although giving his own impulses free rein. The castration wish is shown symbolically in the haggard appearance of Don Quixote. Sancho Panza represents the castrated father figure at a time when his demands are no longer ideal but of a prosaic, philistine nature ; but he represents also a tenderly humorous mockery of the mother, with her concern for nourishment and excretion.

W. H. Gillespie.

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Edmund Bergler. ' Zür Problematic des " oralen " Pessimisten. Demonstriert an Christian Dietrich Grabbe." *Imago*, 1934, Bd. XX, S. 330—375.

The pessimist of the oral type is a person who is in continual fear of

being duped. He avoids being duped by anticipating disappointment. He is fixated to disappointment and continually on the chase after it. A part of the satisfaction of this attitude is to be found in the wish to put the (phallic) mother in the wrong. This thesis is illustrated from the life of C. D. Grabbe. It shows the results of his oral fixation in his fate, character and writings. The pessimist of the oral type is more fully alive to the dark sides of life than the normal person; the latter meets the disappointments of life by the creation of certain fictions, which he is able to maintain by his capacity for cathecting new objects with libido, when the objects which he has had hitherto fail him.

I. F. Grant Duff.

BOOK REVIEWS

Men and Their Motives : Psycho-Analytical Studies. By J. C. Flügel, with *Two Essays* by Ingeborg Flügel. (Kegan Paul, Trench, Trübner & Co., Ltd., London, 1934. Pp. 289. Price 10*s.* 6*d.* net.)

It was well worth while collecting these essays in book form ; we only regret that they are not included in the ' International Psycho-Analytical Library ' series. They are so familiar to readers of this JOURNAL as to call for no detailed description here. The book contains six essays by Professor Flügel entitled : The Psychology of Birth Control ; Sexual and Social Sentiments ; Some Problems of Jealousy ; Maurice Bedel's ' Jerome ' : A Study of Contrasting Types ; Esperanto and the International Language Movement ; On the Character and Married Life of Henry VIII ; together with two by Mrs. Flügel : ' On the Significance of Names ', and ' Some Psychological Aspects of a Fox-Hunting Rite '. They all represent definite contributions to psycho-analytical knowledge, especially on its applied side. Written very fluently they gain an added interest from the great variety of themes dealt with. The book is a worthy contribution to English psycho-analytical literature.

E. J.

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Psycho-Analysis : Its Meaning and Practical Applications. By Wulf Sachs. (Cassell & Co., Ltd., London, 1934. Pp. 246. Price 6*s.* net.)

Dr. Wulf Sachs' book is the first contribution Africa has made to the young science of psycho-analysis. It is a worthy contribution. Dr. Sachs has made the best use of his studies and extensive experience in South Africa where he has had an opportunity of carrying out psycho-analysis among both white and coloured people and of instituting interesting comparisons between the two. His book is a reliable exposition of the subject and bears also the characteristic note of his personality. It gives a straightforward account of psycho-analytic metapsychology, early psychical development, neurotic mechanisms and character formation.

Part II of the book consists of analytical studies of eight pieces of literature, among which are three books of Dostoieffsky, one by Jacob Wassermann, and Hamlet. These literary analyses are very interestingly written and show a deep understanding of the problems concerned.

E. J.

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The Psychological Aspects of Child Development. By Susan Isaacs. (Published in association with the University of London Institute of Education by Evans Brothers Ltd., London, 1935. Pp. 45. Price 1*s.* 6*d.* net.)

This little book of 45 pages, reprinted independently from the *Year Book of Education*, is a masterpiece of concise presentation, and though Mrs. Isaacs covers in it an immense field she does so so skilfully as to produce no impression of condensation or omission.

An introductory chapter on various methods of study is followed by one called ' Recent Advances in the Study of Child Development '. Here she traces the various phases of development, taking separately the emotional and intellectual development during the first year. Then comes the social and emotional development after infancy followed by an account of the unconscious mental life. A short final chapter is entitled ' Some Educational Bearings '. By means of an unusually lucid presentation, and making a skilful use of the technical device of cross-headings, she has succeeded not only in grouping her material in an easily intelligible way but also of giving the reader a highly interesting and flowing account of childhood. The booklet, though written for teachers, could be very advantageously read by the medical profession and by all intelligent parents.

E. J.

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Three Essays on Sex and Marriage. By Edward Westermarck, Ph.D., Hon. LL.D. (Macmillan & Co., London, 1934. Pp. ix and 353. Price 12*s.* 6*d.*)

This most recent work of Professor Westermarck consists of three long polemical essays, in which he champions his own previously expressed opinions on totemism, exogamy, marriage, and the general relations of the sexes in primitive societies, as against the alternative views advanced by various other modern writers. The first essay deals with psycho-analysis, the second with such ' recent theories of exogamy ' as have been propounded by Mrs. Seligman, Lord Raglan, Dr. Briffault and others, while the third combats the views with regard to matriarchy and the origin of the family propounded by Dr. Briffault in his work *The Mothers*. Throughout the book the polemics are very detailed and demand the reader's close attention. Point after point is taken up and an attempt made to show that the views of the author under consideration are inconsistent, inadequate, or based on neglect or misinterpretation of known facts. So long a catalogue of errors and misunderstandings, each one subjected to minute and careful consideration from the logical and factual points of view, is inevitably in its cumulative effect somewhat bewildering and depressing. Möbius once wrote a book entitled *Die Hoffnungslosigkeit aller Psychologie*, and after reading Professor Westermarck's indictment, one is inclined to think that there is room for a companion volume dealing with anthropology or perhaps indeed with the human sciences generally ; for if so many

apparently intelligent and competent authors can be guilty of so many and such gross mistakes, it seems doubtful whether we can ever hope to attain any adequate scientific knowledge in this sphere. Therefore, unless the reader be in such an optimistically trustful state of mind that he is prepared to take Professor Westermarck himself as an infallible guide and to delight in the discomfiture of all who differ from him, he will be well advised to deal with the book section by section, as interest and occasion require, rather than to attempt its assimilation at a single reading. For deal with it in some way or other he must, if he be a student of the subject ; this much he owes both to the reputation of the author and to the patient thought and care that have manifestly been given to the compilation of these critical essays.

In this JOURNAL it would seem permissible to confine our attention to the first of Professor Westermarck's three essays—that which deals with the anthropological work of the psycho-analysts. In reviewing the fifth edition of the monumental *History of Human Marriage*, Dr. Ernest Jones complained (this JOURNAL, 1922, III, p. 249) that Professor Westermarck had almost completely neglected to take account of psycho-analytic findings and had referred to Freud only in ' a couple of contemptuous footnotes '. This omission has now been made good. The essay in question makes it clear that Professor Westermarck has read extensively and painstakingly in the psycho-analytical literature. As a consequence he has become impressed with the ' enormous claims ' that the psycho-analytical writers in the anthropological field have advanced upon what appears to him to be slender and faulty evidence. He has therefore considered it worth while to put their theory to a ' searching scrutiny ' and the present essay is the result.

There is no doubt that it represents one of the most careful and detailed critical treatments which psycho-analysis has up to the present been accorded by an anthropologist of distinction. It is of course disappointing from the point of view of the general advance and co-ordination of scientific endeavour that Professor Westermarck, as the result of his scrutiny, finds that psycho-analysis has nothing of value to contribute ; and it is therefore important to discover if possible wherein lie the general differences of outlook, method or assumption which separate Professor Westermarck from the psycho-analysts. How is it that a whole series of writers approaching anthropological problems from the standpoint of clinical psychology have thought that the latter discipline has thrown a ' flood of light ' upon such problems as ' the almost universal horror of incest ', while so eminent a writer in the field of anthropology itself cannot see ' even a ray of light ' at all ?

Here, as in so many other cases where there is difference of opinion between psycho-analysts and other workers, the most fundamental reason

for the divergence is to be found in the fact that there has been no appreciation on Professor Westermarck's part of the psycho-analytic theory of the unconscious and of the other associated mechanisms of the mind, displacement, over-determination, rationalization, symbolism, etc., in terms of which psycho-analysts are accustomed to think. The fact must be faced that it is possible for erudite and highly intelligent people to read conscientiously large quantities of psycho-analytical literature without ever grasping the full import of these concepts—and unless they have done so, they will not only fail to understand the psycho-analyst's point of view, but will also ignore the true ground of their own difference with him. This is what has happened to Professor Westermarck; the fact becomes apparent time after time in the course of his exposition. To take one glaring example, when speaking of 'Tobias nights' and the general observance of the period of continence after marriage which exists in many parts of the world, he tells us that to speculate on the reasons for the custom is 'precarious', as it is '*very doubtful whether the people themselves have any clear theory on the subject*' (p. 52). If Freud had allowed himself to be deterred from the study of conduct by the absence of clear ideas on the part of the agents as to why they act or think as they do, he would of course have got no farther than those psychologists who rely solely upon introspection. Rightly or wrongly, psycho-analysts believe that where a conscious motive cannot be discovered, it is often possible to discover an unconscious one; and furthermore that, even when a conscious ground is asserted, this is sometimes only an over-determination or rationalization, behind which there exists another and unconscious ground, which constitutes the really important determinant of the act under discussion. Unless we agree with the psycho-analysts that such a point of view is justified, much of what they have said must inevitably seem mere 'fantastic' speculation, which is just what Professor Westermarck so often finds it. Had he fully recognized the true nature of this difference between himself and the psycho-analysts, he might have saved himself much trouble and at the same time written a critical essay that would have been more profitable to both parties.

The failure to grasp the significance of over-determination has been specially productive of complaints and misunderstandings on Professor Westermarck's part. While, as we have seen, he finds it foolhardy of the psycho-analyst to suggest reasons for conduct when the agents themselves have no 'clear theory' on the subject, he considers it downright unreasonable of them, when explanations *are* forthcoming from the agents, not to be content with these explanations. Thus, because other reasons than the attraction of an incestuous union are given in cases of royal marriages between siblings and cousins (such reasons as desiring to retain rights, property or purity of blood, or fear of a *mésalliance*), he believes that these

cases afford no support to the psycho-analytic view that such unions can be looked upon as survivals of incestuous tendencies once more widely manifested. Or, again, if sacrifices are made and totem animals are killed for apparently utilitarian motives, such as the magical provision of food, why should psycho-analysts perversely and superfluously assume that such actions have any connection with parricidal tendencies ? Even when human beings, kings or parents, are deliberately slaughtered, the slaughterers can usually give some good reason for their action : the king's infirmity will be harmful to the community, or the killing of old folks may have been a relic from a time when there was not enough to eat or when elderly people were a hindrance on a march. As regards such cases, psycho-analysts merely advance ' fantastic interpretations of customs for which the conscious motives are not far to seek ' (p. 114).

The concept of ambivalence also gives Professor Westermarck trouble. In his discussion of the *jus primæ noctis* he cannot understand the exquisitely double attitude in virtue of which the process of defloration can be sometimes highly prized, sometimes greatly dreaded, nor can he appreciate the opposing tendencies of love and hate that the woman may feel to the man who has deprived her of her virginity (p. 45). Then again, why should psycho-analysts assert that a man may hate his totem, if this man himself asserts that his relations with his totem are entirely friendly ? (p. 103). Or why should we say that the totem represents a father, when the savage himself sometimes says that it does not ? (p. 104). Œdipus himself moreover cannot have wanted to slay his father, for he did so unwittingly ! (p. 58).

With regard to this last instance, Professor Westermarck has evidently failed to understand the view that myths may represent the distorted wish-fulfilments of humanity, playing a rôle very similar to that of dreams in the case of the individual mind : for he considers as a serious objection to Freud's interpretation of the Œdipus story the fact that Œdipus was separated from his parents immediately after birth, and had perhaps ' not even experienced the first satisfaction of his " sex-impulse " by taking milk from his mother's breast '. All fantasies, Professor Westermarck seems to think, must conform strictly to the possibilities of reality, or the wish-fulfilment theory falls to the ground. If Œdipus ' had followed Freud ', we are moreover told, ' his love and hate would have been directed not to Jocasta and Laius, but to his foster parents '. Apparently Professor Westermarck has not during his reading come across Rank's *Myth of the Birth of the Hero* or any other treatment of the ' family romance '. Of course it is true that, if we are to understand any imaginative product (or any one version of such a product) completely, we should be able to give a reason for every detail, including every departure from reality—why, for instance, in Sophocles' account, Œdipus was separated from his parents

just three days after birth. But the lack of such complete understanding of all details need surely not deter us from deriving such illumination as we can from the general theory of wish-fulfilment as applied to myth, fantasy and dream.

The essay deals for the most part only with the anthropological applications of psycho-analysts ; but in the first few pages Professor Westermarck makes it clear that he has grave doubts also as regards the purely clinical findings concerning the Œdipus complex and infantile sexuality. With reference to the latter he quotes Moll and McDougall as giving alternative interpretations of such facts as are undeniable, while, as regards the Œdipus complex, he asks how psycho-analytic evidence can possibly be regarded as satisfactory, since adult memories are unreliable, children are suggestible and the interpretation of dreams is arbitrary. Since he is unwilling to contemplate the existence of unconscious factors, it is of course relatively easy for him to maintain his well-known view that the universal objection to incest and the laws and taboos that express this objection are the result of a natural aversion to sex relations as between those who have lived together in early life, an aversion itself probably connected with the biological disadvantages of inbreeding (as regards the latter, he admits (p. 148) that the weight of present-day biological opinion is against him, but quotes Baur in favour of the older opinion according to which inbreeding as such is harmful). He reiterates the view, to which he has firmly adhered in his controversy with Frazer, that legal and social prohibitions do not imply the existence of any widespread tendency to perform the forbidden actions. As regards the frequently raised objection to his view that it is not clear how a sexual aversion between early housemates can have become a sexual aversion between kin, he contends that psycho-analysts are confronted with an analogous difficulty in showing how anaclitic love to *Pflegepersonen* can have become incestuous love (p. 84). We must probably admit that there is truth in this contention ; but at the same time we may point out that in the case of Professor Westermarck's supposed aversion there is an almost complete transference from the original objects (early housemates) to the secondary and usually associated objects (kinsmen), whereas in the case of the love postulated by the psycho-analysts the original objects (housemates) have remained free to express their love to one another, which love for the most part encounters social disapproval only when it is also incestuous. Professor Westermarck is perhaps aware of this possible reply, for he endeavours to forestall it in saying (p. 82) that, for instance, a marriage between a foster-brother and a foster-sister ' would cause more than a mild surprise, and appear unnatural and objectionable '.

The present book, devoted as it is entirely to polemics, lacks the value as a work of reference and as a great storehouse of factual material that is

possessed by *The History of Human Marriage*. Nevertheless it will have a peculiar value of its own as a statement of certain present controversies and a collection of material bearing on these controversies. It has, indeed, already called forth replies from some of those whose positions are attacked, among which Mrs. Seligman's rejoinder (Brenda Z. Seligman, ' The Incest Taboo as a Social Regulation,' *Sociological Review*, 1935, XXVII, p. 75) may be noted as dealing sympathetically with the psycho-analyst's position from the anthropologist's point of view. In this paper she suggests however that we must face the possibility of never being able to understand fully the ultimate causes of such universal tendencies as the incest taboo, and that we may have to be content with correlating them with other conditions. Professor Westermarck's book moreover will also serve to make us keenly aware of the inadequacies of present psycho-analytical theories in the anthropological field—inadequacies which no psycho-analyst would wish to deny. Thus it is easy for him to reveal the vacillating attitude of Freud towards the problem of the relative significance of hereditary and environmental factors in the creation and maintenance of social institutions ; as it is also to expose the difficulties and limitations of what Freud himself has called the ' just so story ' of the primal horde. It is clear too that some psycho-analytic writers (including the present reviewer) may have been greatly (perhaps in some respect) undulys influenced by the Frazer's theories and general point of view, and that this fact has militated against the acceptance of psycho-analytic view by anthropologists of other schools. Among particular problems raised in the present book as regards which it would seem that amplification and further detailed application of the psycho-analytic viewpoint are much to be desired, may be mentioned : the differential psychology of animal and non-animal forms of totemism, and the very varying relations between totemism and exogamy (in so far as it is true that these two institutions correspond to the two aspects of the Œdipus complex, we require to know why it is that exogamic regulations do not show a more consistent connection with totemic or class organizations). Above all, perhaps, there are the difficult problems concerning the circumstances under which widespread repressions and aversions manifest themselves, respectively in legal prohibitions, in supernatural sanctions, and in social conventions. All these, and more, are matters which will afford a fruitful field for the co-operation of anthropologists, sociologists and psycho-analysts for many years to come ; and they are matters with regard to which Professor Westermarck's book will prove a very valuable source of reference and of inspiration.

J. C. Flügel.

The Fear of the Dead in Primitive Religions. By Sir James George Frazer. (Macmillan & Co., Ltd., London, 1934. Pp. 151. Price 10*s*. 6*d*. net .)

A new book by Sir James Frazer is always an event in the world of scholarship. The present book is made up of twelve lectures delivered on the William Wyse foundation at Trinity College, Cambridge, in 1922 and 1923.

The author points out that the attitude towards the dead has two sharply defined aspects. At one time it is believed that the spirits of the dead can ' confer many benefits on the living, if only they are duly propitiated, and kept in good humour, though they are quick to resent any fancied slight or neglect on the part of the survivors '. More often it is one of fear, the spirits being believed ' to be the sources of many evils which afflict humanity, including the last evils, sickness and death '.

In these two volumes Sir James confines himself to the second attitude only, that of fear. He does not discuss the source or significance of this fear, but accepts it as being nearly universal and proceeds to record the various ways in which peoples of different times have attempted to cope with it. On the whole he can divide these methods into two classes, which he terms fair and foul respectively, according as they depend either on persuasion and conciliation or on fear and fraud. Each volume is devoted to one of these two sub-headings.

The author offers us no more than a pure description of the facts and then presents the valuable material he has collected to psychologists to make of it what they will. We have no doubt that ample use will be made of this opportunity. It is scarcely necessary to say that the book is written in Sir James Frazer's well-known masterly style which makes the reading of it an additional pleasure.

E. J.

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International Delusions. By George Malcolm Stratton. (George Allen and Unwin Ltd., London, 1935. Pp. 232. Price 7*s*. 6*d*. net.)

This is a very well-meaning book of some interest written in a popular style. It describes what the author quite properly calls the ' delusions ' characteristic of the attitude of nations in their relations to one another. Knowing nothing of the early psychotic development in the individual the author naturally does not see how correct his diagnosis is and so thinks that these ' delusions ' can be remedied by rather superficial measures of re-assurance and persuasion. There is no mention of psycho-analysis in the book. It is nevertheless a freshly written essay on a subject usually treated on stereotyped lines.

E. J.

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Folk-Lore from Adams County, Illinois. By Harry M. Hyatt. (E. Cabella French Printing and Publishing Corp., New York. 1935. Pp. 723.)

This volume of 700 pages is a solid collection of 10,949 folk-lore items

which were collected personally within the area of a particular county in the State of Illinois. There is an index but no text accompanying the collection. It was found impossible to attempt any classification of the items according to the European stock from which they came. The modern anthropological school of extensionists would therefore frown on any endeavour to make use of the material psychologically. Nevertheless it constitutes a substantial handbook of sources.

E. J.

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This English. By Sir Richard Paget. (Kegan Paul, Trench, Trubner & Co., Ltd., 1935. Pp. 118. Price 4*s.* 6*d.*)

Sir Richard Paget calls this little book rightly ' a new approach to the study of English words '. He develops here a new theory of language. Language must have started from gestures, and every tongue position must, so he claims, be a weakened bodily gesture. He examines vowels and consonants in detail, taking many words and comparing their meaning with the gesture they convey. He comes to very definite conclusions, such as, for instance, that a high tongue position or gesture—as he prefers to call it—is used for words meaning little, small or high. He makes an appeal for a standard pronunciation of English according to its ' gestural ' meaning and reproves all who conform to a ' fashion ' in pronunciation. His book stands in contrast to accepted etymological and phonetic findings. But it is well-written and makes stimulating reading.

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Katherine Jones.

Morality and Reality. By Dr. E. Graham Howe. (Gerald Howe Ltd., 23 Soho Square, London, 1934.)

Dr. Graham Howe preaches acceptance of the ' Law which is Reality '. We say ' preaches ' advisedly because, although the main thesis of the book is an attack on morality, it reads like a sermon, and is probably intended as such. ' I hope,' the author writes, ' that nothing I have said will lead you to regard me as anything but a disciplinarian. I am a stern sergeant-major as far as life is concerned.' The language used in many places is the old language of virtue and vice. ' Humility is the last of the virtues ' we are told, but ' perhaps eventually we may learn it '.

Nevertheless, although the language savours of the old bottles, the vintage appears, at any rate, to be a new one. The preaching is all directed towards discarding Morality in favour of ' acceptance of Reality ', reality being defined as ' that which is now, which is not, on the whole, what I want '. Some of reality says ' Yes ' to my demands, some of it says ' No '. To accept reality is the same as to love it, because ' the essential quality of love is that it is prepared to accept what it does not like, i.e. to accept reality as a whole '. ' Acceptance is the attitude of interest and wonder towards it all, that . . . is content to feel " Well, be it so ".'

Morality is defined as purposive, its aim being ' to escape from the restrictions of reality '. It is described as ' a convenience and a convention. It gives me what I want (convenience). It sanctions my possession of what I want (convention). So morality is regarded by the author as being invented in order to assert and justify the phantasy world of wish-fulfilment. By its help we are able ' to fake reality instead of to face it '.

It is surely a somewhat paradoxical view of morality which takes no account of its inhibiting guilt and punishment factors. This ignoring of the complexity of the conflicting unconscious forces which make the real difficulty in psychotherapy is typical of the author's approach to the whole problem. For him psychotherapy consists in making the patient accept reality. This is where the disciplinarian comes in. If the patient has concocted a morality to justify himself in faking reality he must give that up and accept the morality ' which bows to truth '. As a reaction against treatment by religious exhortation this profession of faith is a welcome one, but not a word is said anywhere which indicates appreciation of the deeper anxiety reasons which prevent the patient from himself recognizing reality. Instead there is only exhortation ' to develop that mediator, that bridge builder, to span the gulf between both worlds ' (i.e. both the wanted and the unwanted realities) ' and to maintain contact, but not intact, with them both '. This ' should be the way of our conversion. By it we achieve wholeness (holiness) '.

Perhaps what the old bottles contain is the old wine after all.

Karin Stephen.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
EDWARD GLOVER, GENERAL SECRETARY

I. Announcement

Internationale Zeitschrift für Psychoanalyse

Dr. Federn has resigned his co-editorship of the *Internationale Zeitschrift für Psychoanalyse*, and his place has been taken by Dr. E. Bibring.

The Editorial Board now consists of Drs. Bibring, H. Hartmann and S. Rado.

Edward Glover.

II. Reports of Proceedings of Societies

BRITISH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 10, 1935. Mrs. Klein: 'A Contribution to the Psychogenesis of Manic-Depressive States'.

February 6, 1935. Miss Sharpe: 'Some Unconscious Determinants in the Sublimations of Pure Science and of Pure Art'.

February 20, 1935. Miss Searl: 'Infantile Ideals'.

March 6, 1935. Dr. Payne: 'The Conception of Femininity'.

March 20, 1935. Dr. Brierley: 'Specific Determinants in Feminine Development'.

Edward Glover,
Scientific Secretary.

DANISH-NORWEGIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

February 1, 1935. Abstract of Glover's *War, Sadism, and Pacifism.*

Election of Members. Dr. Trygve Bratoy, Vinderen b/Oslo, Psykiatrisk Klinik; Frau Dr. Christensen, Oslo, Huitfeldsgate 7.

February 8, 1935. Dr. Raknes: Clinical communications.

February 22, 1935. Dr. Fenichel: 'The Phallus-Girl'.

In certain circumstances the symbolic equation: penis = child may in either sex assume the form: penis = girl. This specific form is of importance for the theory of the neuroses (perversions), mythology, the psychology of religion and the history of literature.

March 8, 1935. Dr. Gerö, Copenhagen (guest of the Society): 'Orgastic Potency and Pre-genitality'.

In a case of cyclothymic neurosis, with a slight affective inhibition, the

patient's mental life was remarkably well-ordered. Analysis showed that both in his apparently normal sexual behaviour and in the rest of his conduct there were ' bound ' conflicts relating to his oral sadism which was originally strong. The writer discussed the problems of the relations between orality and genitality and, in particular, the problem of apparent orgastic potency in spite of marked oral fixation.

March 15, 1935. Dr. Landmark : Clinical communications.

March 22, 1935. Abstract of Bernfeld's *Die Gestaltheorie.*

March 29, 1935. Dr. Fenichel : ' The Theory of Psycho-Analytic Technique '.

The paper was supplemented with some notes on technical suggestions put forward by Reich.

April 5, 1935. Dr. Hoel : Clinical communications.

Fenichel.

DUTCH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 26, 1935. (Leyden.) (1) *Annual Meeting.* No change was made in the Council of the Society. On the Training Committee, Dr. H. G. van der Waals was appointed to fill the vacancy left by the retirement of Dr. A. J. Westerman Holstijn.

(2) Short communications were delivered by Dr. H. C. Jelgersma and Dr. S. J. R. de Monchy.

March 9, 1935. (Amsterdam.) Dr. A. Stärcke : ' The Rôle of the Quantitative Factor in Oral and Anal Influences on Delusional Systems '. (Published in the *Internationale Zeitschrift für Psychoanalyse*, 1935, Heft 1.)

A. Endtz,
Secretary.

FINNISH-SWEDISH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

I. Meeting

February 7, 1935. Social evening to greet Dr. Réné Allendy (Paris).

II. Abstracts of Psycho-Analytical Literature

February 12, 1935. Ekman : On the Pre-Œdipal Phase.

III. Control-Seminars

Control-seminars were held on January 31, February 21, February 28 and March 14, by Törngren, Sandström and Ekman.

IV. Public Lectures

February 11, 1935. Nielsen : Sexual Enlightenment.

February 18, 1935. Nielsen : Masturbation.

February 22, 1935. Before the Society of Medicine, Upsala. Törngren : Medicine and Psycho-Analysis.

February 25, 1935. Ekman : Punishments.

March 11, 1935. Törngren : Medicine and Psycho-Analysis.

March 28, 1935. Lectures delivered in the section for Neurology and Psychiatry of the Swedish Society of Medicine :

(1) Jekels : Psycho-Analytic Therapy.

(2) Tamm : Sexuality in Children.

FRENCH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 15, 1935. Dr. A. Borel, *President*, took the Chair. *Election of Council for* 1935 : Dr. Edouard Pichon, Honorary Consulting Physician, *President ;* Madame Marie Bonaparte, *Vice-President ;* Dr. J. Leuba, *Secretary ;* M. Jean Frois-Wittmann, *Treasurer.*

At the request of Madame Marie Bonaparte it was decided to inaugurate a psycho-analytical seminar. Madame Bonaparte herself agreed to be responsible for its organization. It will provide an opportunity for members to join in studying technique from Freud's writings and in relation to clinical cases.

M. Dalbiez, who, as the Society's guest, is one of the most regular in attendance at our meetings, kindly offered a paper on : ' The Criteria of Psycho-Analytical Interpretation and the Exigencies of Scientific Methodology '.

February 18, 1935. Dr. E. Pichon in the chair. Dr. P. Schiff : ' The Psycho-Analysis of a Mysterious Crime '.

March 19, 1935. Mme. Marie Bonaparte in the Chair. Dr. Parcheminey : ' Clinical Account of a Case of Impotence '.

Election of Associate Member : Monsieur Philippe Marette.

We have pleasure in announcing the two following applications for membership : M. le Dr. J. L. Pierre and le Prince Pierre de Grèce, son of Mme. Marie Bonaparte. (At the April meeting, the date of which was put forward on account of the holidays, both candidates were elected to membership.)

Members : le Docteur Pierre (J. L.), 39, Avenue Charles Floquet, Paris VII ; le Prince Pierre de Grèce, 6, rue Adolphe Yvon, Paris XVI.

Associate Member : Monsieur Philippe Marette, 2 rue du Colonel Bonnet, Paris XVI.

Dr. J. Leuba.

GERMAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 1, 1935. Dr. Roellenbleck : ' Peer Gynt as an Erotic Type *sui generis* '.

January 21, 1935. Frau Dr. Liebeck-Kirschner: 'Early Sources of Activity'.

February 5, 1935. Dr. Ernst Levy (guest of the Society): 'Childhood Experiences and Adult Culture in Primitive Societies' (after G. M. Mead).

February 16, 1935. Meeting for members and guests, to celebrate the fifteenth anniversary of the founding of the Berlin Psycho-Analytical Institute.

(1) Dr. Boehm: A retrospect of the development and work of the Institute.

(2) Dr. Müller-Braunschweig: 'The First Object-Cathexis in Female Children: its bearing on Penis-Envy and Femininity'.

February 27, 1935. Discussion of Müller-Braunschweig's paper of February 16, with introductory remarks by the author.

March 6, 1935. (1) Frau Gertrud Göbel: 'Analytical Conversations with a Woman of Seventy-Five'.

(2) Frau Dr. Jakobsohn: 'The Therapeutic Problem in the Analysis of Children'.

March 20, 1935. Frau Dr. Jakobsohn and Frau Dr. Benedek: Review of Sandor Radó *Die Kastrationsangst des Weibes.*

March 30, 1935. D. Steinfeld-Mannheim (guest of the Society): 'Notes on the Treatment of a Case of Obsessional Neurosis, with special reference to the Problem of Twins'.

Changes of Address: (1) Frau Dr. med. Katan vom Hofe, Berlin-Wilmersdorf, Jenaerstrasse 7.

(2) Frau Dr. med. Weigert-Vowinckel, Ankara (Turkey), Belvü-Palas-Oteli.

Dr. Carl Müller-Braunschweig,
Secretary.

SOCIETY OF PSYCHO-ANALYSTS IN HOLLAND

First Quarter, 1935

Dr. Jeanne Lampl-de-Groot (guest of the Society) spoke on the subject of 'Masochism', and Frau Dr. Schönberger (guest of the Society) reported on the Children's Clinic in Vienna.

The following members read papers or spoke before the Society: Frau Dr. Versteeg-Solleveld on 'The Lullaby'; Landauer on 'Female Genital Functions' and 'Painful Realization of Pleasurable Phantasies'; Reik on 'Surprise'; Watermann on 'Masochism'; Katan on 'Schizophrenia'; van der Waals on Bühler's *Ausdruckslehre.*

At every fourth session Blok continued his report on the analysis of a patient.

Election to Membership: A. Stärcke.

A. M. Blok,
Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 18, 1935. Dr. I. Hermann: ' A Pair of Component Instincts hitherto overlooked in Psycho-analytical Theory (clinging to the mother's body and breaking loose from it) '.

February 1, 1935. *Annual Meeting.* Elected in addition to last year's Council: *President*, Dr. I. Hollós; *Secretary*, Dr. I. Hermann; *Treasurer*, Dr. Zs. Pfeifer; *Director of the Training Institute*, Dr. I. Hermann, Dr. M. Bálint, *Director of the Psycho-analytical Clinic;* Dr. L. Révész, *Assistant Director of the Psycho-analytical Clinic*, and Dr. E. Almásy. *Librarian.*

March 1, 1935. Frau A. Bálint: ' The Reality Principle in Education '.

March 15, 1935. Clinical communications: (1) Frau Dr. M. Dubovitz: ' Details from the Analysis of a Child '. (2) Frau Dr. L. G. Hajdu: ' Epileptic Attacks during Analysis '.

March 29, 1935. Clinical communications: (1) Dr. I. Hollós: ' On the Analysis of Epilepsy '. (2) Frau E. Gyömröi: ' Details from the Analysis of a Case of Homosexuality '.

Report of the Training Institute, Budapest

Dr. I. Hollós: Introduction to Psycho-Analysis. (Four lectures.)

Dr. I. Hermann: The Analysis of the Intellect. (Three lectures.)

Dr. E. Almásy: Psychiatrical Case-histories. (Three lectures.)

Frau Dr. F. K. Hann: The Formation of Character. (Three lectures.)

Frau E. Gyömröi: Neurotic Fear. (One lecture.)

Frau V. Kovács: Technical Seminar. (Five evenings.)

Frau K. F. Lévy: Psycho-analytical Seminar for Pedagogues (Eight evenings.)

INDIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 27, 1935. *Annual General Meeting. Election of Council: President*, Dr. G. Bose; *Members of Council*, Lt.-Col. Berkeley Hill, Mr. H. P. Maiti; *Secretary*, Mr. M. N. Banerji. *Additional Officers: Hon. Librarian*, Dr. S. C. Mitra; *Assistant Hon. Librarian*, Mr. M. N. Samanta; *Hon. Assistant Business Secretary*, Mr. S. K. Bose.

It was further resolved that in view of the increasing pressure of work Dr. Laha be appointed *Hon. Additional Business Secretary* for the current year.

Board of the Indian Psycho-analytical Institute (for the period 1935 to 1937): Dr. G. Bose (*President*), Lt.-Col. Berkeley Hill, Mr. H. P. Maiti, Dr. B. C. Ghosh, Mr. Gopeswar Pal, Mr. M. N. Banerji (*Secretary*).

Elected to Membership (in March, 1934) : Dr. Surendra Chandra Laha, M.B.

February 7, 1935. *Meeting of the Indian Psycho-analytical Institute.*

All the members and associates living at Calcutta were invited to attend the meeting of the Institute with a view to meeting Lt.-Col. C. D. Daly, who had returned from Europe and had been posted at Calcutta. Dr. Bose introduced him to the members and associates of the Society present.

The members of the Institute then discussed the Secretary's suggestion : ' That the Institute shall meet on two specified days every month to discuss scientific topics, especially those appearing in the JOURNAL, and that these meetings be thrown open to members, associates and candidates in training'. The members accepted the suggestion and decided to hold such meetings on the first Wednesday of every month for the present.

March 6, 1935. (1) Mr. Banerji : A synopsis of Laforgue's paper, ' Resistances at the Conclusion of Analytic Treatment ' (this JOURNAL, October, 1934).

(2) Lt.-Col. Berkeley Hill described some methods of inducing dreams (by putting a bottle or a ' kukri ' under the pillow or by tying the legs with a rope before going to sleep, according to the nature and progress of the case).

March 27, 1935. Lt.-Col. C. D. Daly : ' One Aspect of the Mother Complex '. Lt.-Col. Daly was of opinion that the smell and sight of the mother's menstrual blood was the cause of castration fear and of the passing of Œdipus complex. He quoted case-material, dreams, etc., in support of his thesis.

April 3, 1935. Lt.-Col. Berkeley Hill : ' Some Reactionary Tendencies in Psycho-Analysis ', discussing the criticisms that have been advanced against psycho-analysis as a disrupting factor affecting the ideals of civilization.

NEW YORK PSYCHO-ANALYTIC SOCIETY

First Quarter, 1935

January 29, 1935. (1) *Election of Officers : President*, Dr. A. A. Brill ; *Vice-President*, Dr. Bertram D. Lewin ; *Secretary*, Dr. George E. Daniels ; and *Treasurer*, Dr. Monroe A. Meyer. To the Board of Directors : Drs. Blumgart, Oberndorf and Stern were elected. From six nominations submitted by the President, Drs. Amsden, Jelliffe, Lehrman and Oberndorf were elected to serve on the Educational Committee, with the *ex-officio* members provided for by the constitution. At the first meeting of the Committee, Dr. Jelliffe was elected Chairman, and Dr. Lehrman appointed Recording Secretary. Dr. Meyer, as Executive Director of the Institute, announced the publication of a booklet reporting its activities during its three years of existence. (2) *Scientific Session :* Dr. Fritz Wittels : ' Existence Philosophy and Psycho-Analysis '. (3) Dr. Robert Fliess ' Material Projection '.

February 26, 1935. Dr. O. Spurgen English: 'The Need for an Analytic Background in Prison Psychiatry'.

March 12, 1935. Special meeting to discuss the new constitution drawn up for the American Psycho-analytic Association. Dr. Oberndorf, as representative from the New York Society, presented the draft, which was gone over point by point by the members of the Society. A meeting will be called subsequently to consider final ratification.

March 26, 1935. Dr. Herman Nunberg: 'Homosexuality and Aggression'.

George E. Daniels,
Secretary.

PALESTINE PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 12, 1935. (Jerusalem.) Frau Peller-Roubiczek: 'Adaptation to Reality as a Task of Education'.

March 9, 1935. (Jerusalem.) (1) Frau Obernik-Reiner: 'Psycho-Analytic Observation of the Individual Child within the Group and its Value for Collective Education'.

(2) *Business Meeting.* (*a*) The following Officers of the Society were re-elected: *President*, Dr. M. Eitingon; *Treasurer* and *Secretary*, Dr. I. Schalit.

(*b*) An account was given of the work done by individual members and of their absorption into the ranks of the medical profession of this country; also of activities in conjunction with pedagogical colleagues.

(*c*) *Election of Associate Member:* Frau Peller-Roubiczek (an Associate Member of the Vienna Society).

Dr. I. Schalit,
Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 19, 1935. (Zürich.) (1) Dir. Dr. med. A. Kielholz (Königsfelden): 'Thefts from Cloak-rooms'. Two cases referred by the authorities to the asylum at Königsfelden for psycho-analytical observation and expert opinion. Parallels with 'pseudologia', fetichism and symbolical thefts. The psycho-therapeutic possibilities in cases manifesting a preponderance of neurotic and of psychopathic elements respectively. The problem of responsibility.

(2) *Business Meeting.* In the course of a brief session it was considered desirable that the Council should be completed by the addition of a member from Italian Switzerland.

February 9, 1935. (Zürich.) *Annual Meeting.* (1) Hans Zulliger (Ittigen): 'The Psychology of the Narcissistic and Impulse-ridden

Character-type' (to be published in the *Zeitschrift für psychoanalytische Pädagogik* together with Meng's remarks and any further contributions). Discussion postponed for a special meeting.

(2) *Business Meeting.* The Annual Report, Treasurer's Report and Librarian's Report were read and approved. The resignation of the existing Council was accepted. *Election of the new Council:* Professor Dr. med. H. Flournoy, Geneva, was elected to serve on the Council in addition to the existing members, who were re-elected (Sarasin, Flournoy, Blum, Pfister, Zulliger). The Council likewise discharges the functions, under Blum's direction, of the Training Committee. *Accountants for* 1935: Boss and Steiner. Annual subscription (including subscription to the *Zeitschrift*): Frs. 75.

Meng reported on his lectures as High School Dozent in Basle before an audience numbering 150–250 persons. He also delivered lectures and courses on psycho-analytical pedagogy before certain teachers' organizations; these were officially attended on behalf of the authorities and met with a favourable reception. The list of guests was extended.

March 2, 1935. (Zürich.) (1) Dr. med. Heinrich Meng (Basle): Remarks on Zulliger's paper of February 9.

(2) *Business Meeting. Election to Membership:* Meng (Basle).

March 30, 1935 (Berne.) Dr. med. E. Blum (Berne): 'The Psychology and Psychopathology of Work'. Original primitive forms compared with modern mechanical methods and repercussions on the psyche of the worker.

Zulliger broadcast from Berne two lectures informed by a psycho-analytical outlook; he also delivered a lecture in the Town Hall, Berne, before the Union of Handicraft Workers of the Bernese Canton, on Psycho-Analysis as a means of assisting Education; and read a report before the Swiss Committee for Literature for the Young.

Hans Zulliger,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 9, 1935. Dr. Jeanne Lampl-de-Groot: Review of Radó's *Die Kastrationsangst des Weibes.*

January 23, 1935. Anna Freud: 'The Application of Analytic Technique in the Examination of Psychic Institutions' (Part I).

February 6, 1935. Anna Freud: Part II of foregoing paper.

February 20, 1935. Discussion of Anna Freud's paper read at the two foregoing meetings.

March 6, 1935. (1) Dr. Edith Buxbaum: 'A disturbance of ability to calculate'.

(2) Dr. Editha Sterba: 'An observation made on a child'.

(3) Dr. Eduard Hitschmann: 'Additions to our observations concerning dreams'.

(4) Dr. Paul Federn: 'Anxiety-dreams and terror-dreams'.

(5) Dr. Paul Federn: 'The sense of time in hysterical and melancholic depression'.

March 20, 1935. (1) Dr. Robert Wälder: 'On Civilization'.

(2) *Business Meeting. Membership transferred:* Dr. Yrjö Kuloves (Tampere, Finland) to the Finnish-Swedish Psycho-Analytical Society.

Dr. Robert Wälder,
Secretary.

CZECHO-SLOVAKIAN STUDY GROUP

The Society commenced work in Prague in October, 1933. Prior to its foundation Dr. Emil Windholz had delivered a course of lectures entitled 'An Introduction to Psycho-Analysis' (Ten lectures. Attendance 10) and Francis Deri gave two lectures, one on 'The Interpretation of Dreams' (attendance 20), and the other on 'Fundamental Principles of Psycho-Analysis' (attendance approximately 100).

Fourth Quarter, 1933

(*a*) SEMINARS

Steff Bornstein: Seminars on Pedagogy. (Twelve sessions. Attendance 20.)

Francis Deri: Seminars on Theory: Obsessional Neurosis. (For advanced students.) (Three sessions. Attendance 12–15.)

Francis Deri: Seminars on Technique. (For practising analysts.) (Eight sessions. Attendance 8.)

(*b*) PUBLIC LECTURES

Edith Glück: The Fable of the Happiness of Childhood.

Dr. Annie Reich: Children's Anxieties and the Neuroses of Adults.

Dr. Heinrich Löwenfeld: The Formation of Character. (Attendance 50–80.)

First and Second Quarters, 1934

(*a*) SEMINARS

Steff Bornstein: Seminars on Pedagogy. (Twenty-three sessions. Attendance 30–40.)

Steff Bornstein: Three Contributions to the Sexual Theory. (For pedagogues.) (Eighteen sessions. Attendance 10.)

Francis Deri: Seminars on Theory. Obsessional Neurosis (continued), Hysteria, Dream-Interpretation, Sublimation and Reaction-formation. (For advanced students.) (Eleven sessions. Attendance 14–18.)

Francis Deri: Seminars on Theory. (For practising analysts.) (Twelve sessions. Attendance 7.)

(*b*) Public Lectures

Steff Bornstein: The Significance of the Parents' Unconscious for the Upbringing of Children. (Attendance 70.)

Steff Bornstein: Childhood Disturbances in Eating and Sleeping. (Attendance 150.)

Dr. Richard Karpe: The Life and Work of Sigmund Freud. (Attendance 25.)

Steff Bornstein: Infantile Sexuality. (Delivered at Teplitz.)

Third and Fourth Quarters, 1934

The Prague Study-Group was affiliated to the Vienna Society at the International Psycho-Analytical Congress, Lucerne, 1934.

(*a*) Seminars

Steff Bornstein: Seminars on Pedagogy (Part I). (Five sessions. Attendance 20–25.)

Steff Bornstein: Seminars on Pedagogy (Part II). (Seven sessions. Attendance 30–45.)

Francis Deri: Seminars on Theory. The Death Instinct and Masochism. (For advanced students.) (Four sessions. Attendance 12.)

Francis Deri: Seminars on Freud's Writings. Metapsychology. (For advanced students.) (Five sessions. Attendance 15.)

Annie Reich: Seminars on Freud's Writings. (For beginners.) (Seven sessions. Attendance 30–40.)

Francis Deri: Seminars on Technique. (Five sessions. Attendance 7.)

(*b*) Lectures by Guests of the Society

Dr. Otto Fenichel (Oslo): The Psycho-Analysis of Boredom.

Dr. Edward Bibring (Vienna): The Theory of Instincts. (Two lectures.)

Dr. René Spitz (Paris): The Psychology of the Small Child. (Four lectures.)

Dr. René Spitz (Paris): John: a case in which the passing of the Œdipus-complex was not complete.

Dr. René Spitz (Paris): Childhood Experiences and Adult Culture in Primitive Societies.

Dr. Robert Wälder (Vienna): General Theory of the Neuroses (Two lectures.)

(*c*) Public Lectures

Francis Deri: The Battle over Psycho-Analysis. (Attendance 70.)

Dr. Richard Karpe: Why are Mistakes in Upbringing Inevitable? (Two lectures. Attendance 60 and 180.)

Francis Deri: The Significance of Dreams in Psycho-Analysis. (Delivered at Brünn.) (Attendance 200.)

WASHINGTON-BALTIMORE PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1935

January 12, 1935. (1) Dr. Lucile Dooley : ' Notes on the Development of Psychological Sex Differences '.

(2) *Business Meeting.* Report of Dr. William V. Silverberg, Representative to the Constitutional Committee of the American Psycho-analytic Association. *Election of Officers : President*, Dr. Lewis B. Hill ; *Vice-President*, Dr. Clara Thompson ; *Secretary-Treasurer*, Dr. Bernard S. Robbins ; *Councillor*, Dr. Lucile Dooley.

February 9, 1935. Dr. Karen Horney (New York City) (guest of the Society) : ' Notes on the Problem of Masochism '.

March 9, 1935. (1) Dr. Harry Stack Sullivan : ' Specific Restrictions to Personal Awareness '.

(2) *Business Meeting.* Discussion of the new constitution of the American Psycho-analytic Association.

Bernard S. Robbins, M.D.
Secretary-Treasurer.